[Report of the Medical Officer of Health for Stoke Newington, The Metropolitan Borough].

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

. . THE . .

Metropolitan Borough of Stoke Newington

Report

OF THE

Medical Officer of Health

AND

Public Analyst,

FOR THE

YEAR 1912,

BY

HENRY KENWOOD, M.B., F.R.S.E., D.P.H., F.C.S.,

Chadwick Professor of Public Health, University of London,
Medical Officer of Health and Public Analyst.


FEB

TABLE OF CONTENTS.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1912.

To the Mayor, Aldermen, and Councillors of the Metropolitan Borough of Stoke Newington.

GENTLEMEN,

The vital statistics of the Borough for the year 1912 were of their usual satisfactory nature. The general death-rate of 11.6 compares favourably with the corresponding rate of 13.6 for the Metropolis as a whole, and it is the lowest recorded since the constitution of the Borough. The death-rate from the chief infectious diseases (0.34) was also the lowest on record, and it is considerably below the rate for the Metropolis generally. The rate of infantile mortality (the number of deaths under one year of age to every thousand births) amounted to 70.7, as against 90 for the Metropolis; this is the second lowest rate of infantile mortality since the formation of the Borough, and there were only 3 Metropolitan Boroughs with a lower rate. The smallness of this rate, as compared with last year, is mainly due to a great reduction in the mortality from Measles and Whooping Cough, Diarrhœa, and Enteritis. It is obvious, however, from our experience, that consistent efforts are necessary in order to permanently stem a still considerable wastage of infant life, to permanently stem a still considerable wastage of infant life.

The notifications of infectious diseases during 1912 were fewer than during the preceding year, and there were only 2 other Metropolitan Boroughs with a lower rate of attack from such diseases. The prevalence of each separate notified disease, including Phthisis, compares favourably with that for the Metropolis.

Again I would direct your special attention to the remarks on Consumption (p.p. 126-135). I feel very strongly that there is

need for the adoption of further measures for reducing the prevalence of this disease in the Borough.

During the year a large amount of work has been carried out in a thoroughly satisfactory manner by each of the workers in the Public Health Department.

I am, Gentlemen,

Your obedient Servant,

HENRY KENWOOD.

February 10th, 1913.

POPULATION.

According to the Census of 1901 the population of the Borough was then 51,247. By the recent Census of 1911 the population for the same area was shown to have decreased during the 10 years to the extent of nearly 600. In this Report the rates are based on the estimated population for the middle of the year 1912, and the figure, calculated logarithmically, amounts to 50,581.

The estimated population for each of the Sub-districts is as follows :—

The Northern Division of the Borough (lying North of the middle line of Church Street) has a population of 17,008; and in the Southern Division the population is 33,573.

The natural increase of population by excess of births over deaths during the year amounted to 446, as against 413 in the preceding year.

Number of people to the acre.—The area of the Borough amounts to 863 acres, and this furnishes 59 people to the acre.

BIRTHS.

During the year 1912 there were 1,033 births registered in the Borough, viz.—527 males and 506 females. The birth-rate per 1,000 per annum was therefore 20.4, as against 20.7 for the preceding year. The births in the Northern Division of the Borough numbered 218 and the birth-rate was 12.9, while those in the Southern Division were 815, and the birth-rate was 24.3.

Year.	Birth-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	21·6	29·0	28·5
1902 ...	22·0	28·5	28·6
1903 ...	21·5	28·5	28·4
1904 ...	22·3	28·0	27·9
1905 ...	20·9	27·1	27·2
1906 ...	21·2	26·6	27·0
1907 ...	20·5	25·8	26·3
1908 ...	20·2	25·4	26·5
1909 ...	19·5	24·4	25·6
1910 ...	18·8	23·6	24·8
1911 ...	20·7	25·0	24·4
1912 ...	20·4	24·7	23·8

During the past two years the Registrar-General has made arrangements whereby particulars of those births (of Stoke Newington parents) which occurred outside the Borough, and were not, therefore, locally registered, are now transferred to us; so that 38 such births have to be added to the number registered within the Borough in 1912. It was impossible in previous years to make this addition, and so the birth-rates for Stoke Newington for 1911 and 1912 must not be taken as comparable with those of former years, and the increase shown in the last two birth-rates is not a real one.

It may be noted that, in Stoke Newington, the excess of the birth-rate over the death-rate for the year 1901 was 8.5; whereas for the year 1912 (both rates being considerably lower), the figure was 8.8.

During the year the births notified under the Notification of Births Act have been compared with the births registered by the Registrar of Births, and the comparison has revealed the fact that the requirements of the Notification of Births Act are still not fully complied with, notwithstanding the efforts which have been made to make these requirements known. It should, however, be added that the excess of registered births over notified births in Stoke Newington during 1912 was very small, and that in each case I have taken steps to ascertain the cause of the failure of notification and to draw the attention of the responsible party to his or her legal default.

MORTALITY.

General Mortality.—There were 406 deaths of residents registered in the Borough, and 181 of residents who died in Public Institutions outside of the Borough, making a total of 587 deaths. Of these 308 were of females and 279 were of males.

Year.	General Death-rate.	Rate for London generally.	Rate for England and Wales.
1901 ...	13·1	17·6	16·0
1902 ...	13·3	17·2	16·3
1903 ...	12·6	15·2	15·4
1904 ...	13·4	16·1	16·2
1905 ...	13·0	15·1	15·2
1906 ...	12·0	15·7	15·4
1907 ...	11·8	14·6	15·0
1908 ...	12·9	13·8	14·7
1909 ...	11·7	14·0	14·5
1910 ...	11·8	12·7	13·4
1911 ...	12·5	15·0	14·6
1912 ...	11·6	13·6	13·3

The recorded general death-rate is therefore 11.6, as against 12.5 for the preceding year. This ordinary death-rate, however, cannot be taken as a true index of the healthiness of the Borough, nor can it be justly compared with the rates of other Sanitary areas, unless some allowance is made for the relative proportions of males and females at different ages in the districts compared.

Death-rates vary very much in different districts according to the nature of the populations of these districts; for instance, in a district containing a large number of very young or very old people the rate would be considerably higher than in a district containing a larger proportion of people of middle age.

There is, therefore, calculated by the Registrar-General from the Government Census returns, a corrective factor for each district in the County of London, which varies with the sex and age distribution of the population of that district; the multiplication

of the recorded death-rate of the district by this factor gives the death-rate which would obtain in that district if the sex and age distribution of the population of the district were in the same proportions as it is in the country as a whole—thus eliminating the accidental differences due to sex and age, and affording a fairer means of comparison and a truer test of the healthiness of the district. The death-rate so ascertained is known as *the corrected death-rate.*

The so-called "factor for correction" for the Borough of Stoke Newington is 1.0438, and the *death-rate corrected for age and sex distribution is* 11.6 × 1.0438 = 12.1 per 1,000 per annum.

In arriving at this corrected death-rate the deaths of non-residents who have died in Public Institutions within the Borough have, of course, been excluded.

The rate is somewhat lower than those recorded for previous years. The death-rate for the whole of London was 13.6.

District Mortality.—The deaths among residents of the Northern Division of the Borough numbered 176 and furnished a recorded death-rate of 10.3 per 1,000 per annum.

The deaths among the residents of the Southern Division of the Borough numbered 411, and furnished a recorded death-rate of 12.2 per 1,000 per annum.

TABLE I.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1912.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the Borough.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the Borough.
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1	2	3	4	5	6	7	8	9	10	11
All causes { Certified ...	—	—	—	—	—	—	—	—	—	—
All causes { Uncertified ...	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Small Pox	—	—	—	—	—	—	—	—	—	—
Measles	6	2	2	2	—	—	—	—	—	—
Scarlet Fever	1	1	—	—	—	—	—	—	—	—
Whooping Cough	2	1	—	1	—	—	—	—	—	—
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Influenza	3	—	—	—	—	—	—	—	3	3
Erysipelas	1	—	—	—	—	—	—	1	—	—
Phthisis (Pulmonary Tuberculosis)	46	—	—	—	1	7	17	14	7	—
Tuberculous Meningitis	8	2	3	—	2	—	1	—	—	—
Other Tuberculous Diseases	10	3	2	2	—	1	—	2	—	1
Cancer, malignant disease	57	—	—	—	—	1	10	22	24	6
Rheumatic Fever	—	—	—	—	—	—	—	—	—	—
Meningitis	1	—	—	—	—	1	—	—	—	—
Organic Heart Disease ...	79	1	—	—	7	2	8	26	35	4
Bronchitis	42	2	1	—	—	—	2	10	27	9
Pneumonia (all forms) ...	45	7	9	3	2	—	5	9	10	2
Other Diseases of Respiratory organs	4	1	—	1	—	—	—	1	1	—
Diarrhœa and Enteritis.	8	2	—	1	—	1	—	1	3	—
Appendicitis and Typhlitis	3	—	—	1	1	—	1	—	—	—
Cirrhosis of Liver	9	—	—	—	—	—	1	5	3	2
Alcoholism	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	24	—	—	1	—	—	3	13	7	1
Puerperal Fever	1	—	—	—	—	—	1	—	—	—
Other accidents and diseases of Pregnancy and Parturition	5	—	—	—	—	2	3	—	—	—
Congenital Debility and Malformation, including Premature Birth ...	38	38	—	—	—	—	—	—	—	—
Violent Deaths, excluding Suicide	7	—	—	1	1	—	—	2	3	—
Suicide	7	—	—	—	—	1	5	1	—	—
Other Defined Diseases ...	180	13	1	3	3	3	17	40	100	17
Diseases ill-defined or unknown	—	—	—	—	—	—	—	—	—	—
	587	73	18	16	17	19	74	147	223	45

TABLE II.

SHOWING THE DISTRIBUTION OF THE DEATHS IN THE NORTHERN AND SOUTHERN DIVISIONS OF THE BOROUGH DURING EACH OF THE QUARTERS OF THE YEAR 1912.

DISEASES.	NORTH.					SOUTH.				
	Quarters				Total	Quarters.				Total
	1	2	3	4		1	2	3	4	
Enteric Fever...	—	—	—	—	—	—	—	—	—	—
Small Pox	—	—	—	—	—	—	—	—	—	—
Measles	—	1	—	—	1	—	—	2	3	5
Scarlet Fever...	—	—	—	1	1	—	—	—	—	—
Whooping-cough	—	—	—	—	—	1	—	—	1	2
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	3	—	—	—	3
Erysipelas	—	—	—	—	—	—	1	—	—	1
Phthisis (Pulmonary Tuberculosis)	3	1	3	4	11	9	11	6	9	35
Tuberculous Meningitis ...	—	1	—	—	1	—	—	3	4	7
Other Tuberculous Diseases	—	—	—	—	—	6	—	1	3	10
Cancer, malignant disease ...	6	5	5	4	20	8	8	12	9	37
Rheumatic Fever	—	—	—	—	—	—	—	—	—	—
Meningitis	—	—	—	—	—	—	—	1	—	1
Organic Heart Disease ...	7	5	3	10	25	18	13	13	10	54
Bronchitis	3	1	—	5	9	14	8	2	9	33
Pneumonia (all forms) ...	3	—	3	8	14	12	7	5	7	31
Other Diseases of Respiratory Organs ...	1	—	1	—	2	1	1	—	—	2
Diarrhœa and Enteritis ...	1	—	—	1	2	1	2	2	1	6
Appendicitis and Typhlitis...	—	—	1	1	2	1	—	—	—	1
Cirrhosis of Liver	—	1	2	1	4	—	2	1	2	5
Alcoholism	—	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease	2	5	1	2	10	5	3	2	4	14
Puerperal Fever	—	—	—	—	—	—	—	—	1	1
Other accidents and diseases of Pregnancy and Parturition	—	—	—	1	1	—	—	3	1	4
Congenital Debility and Malformation, including Premature Birth	2	—	2	2	6	12	7	7	6	32
Violent Deaths, excluding Suicide	—	—	—	—	—	1	3	—	3	7
Suicide	—	—	1	—	1	1	3	—	2	6
Other Defined Diseases ...	22	11	11	22	66	25	24	35	30	114
Diseases ill-defined or unknown	—	—	—	—	—	—	—	—	—	—
Totals ...	50	32	32	62	176	118	93	95	105	411

DISTRICT MORTALITY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.	Rate per 1,000 per annum.
Northern Division	50	32	32	62	176	10·3
Southern Division	118	93	95	105	411	12·2
TOTALS ...	168	125	127	167	587	11·6

INFANTILE MORTALITY.

There were 73 deaths registered of infants under one year of age, as against 1,033 births; the proportion which the deaths under 1 year of age bear to 1,000 deaths is, therefore, 70.7, as against 106.2 in the preceding year.

The deaths under 1 year of age form 12.4 per cent. of the total deaths at all ages, whereas those for the preceding year formed 16.7 per cent.

Year.	Rate of Infantile Mortality.	Rate for London generally.	Rate for England and Wales.
1901 ...	117·9	149	151
1902 ...	114·7	139	133
1903 ...	120·3	130	132
1904 ...	115·6	144	146
1905 ...	124·7	129	128
1906 ...	108·0	130	133
1907 ...	97·9	115	118
1908 ...	98·3	113	121
1909 ...	84·9	107	109
1910 ...	66·1	103	106
1911 ...	106·2	128	130
1912 ...	70·7	90	95

TABLE III.—INFANT MORTALITY.

1912. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
All causes {Certified / Uncertified.}										
Small Pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	1	—	1	2
Scarlet Fever	—	—	—	—	—	—	—	—	1	1
Whooping-cough	—	—	—	—	—	—	—	—	1	1
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	1	1	—	2
Abdominal Tuberculosis	—	1	—	—	1	—	—	1	—	2
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	1	1
Meningitis *(not Tuberculous)*	—	—	—	—	—	—	—	—	—	—
Convulsions	2	1	—	—	3	2	—	1	—	6
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	1	—	—	1	—	—	—	1	2
Pneumonia, all forms...	—	—	—	—	—	2	1	4	—	7
Diarrhœa	—	—	—	—	—	1	—	—	—	1
Enteritis...	—	—	—	—	—	—	—	1	—	1
Gastritis...	—	—	—	—	—	—	—	—	—	—
Syphilis	—	1	1	—	2	—	1	—	—	3
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	—	—	—	—	—	1	1	—	—	2
Injury at birth	—	—	—	—	—	—	—	—	—	—
Atelectasis	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	1	1	—	1	3	—	—	—	—	3
Premature Birth	11	4	1	2	18	—	—	—	—	18
Atrophy, Debility and Marasmus	5	1	4	—	10	5	1	—	1	17
Other causes	1	—	—	—	1	—	—	2	1	4
	20	10	6	3	39	11	6	10	7	73

DEATHS UNDER ONE YEAR OF AGE IN THE DIFFERENT WARDS OF THE BOROUGH DURING THE YEARS 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911 and 1912.

Name of Ward	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912
Lordship Ward	4	6	9	8	1	6	2	1	2	2
Clissold Ward	7	8	12	6	11	4	5	4	6	5
Church Ward	30	24	24	18	23	19	18	18	27	14
Manor Ward	10	9	8	3	8	3	6	3	4	6
South Hornsey Ward	65	66	66	56	36	47	35	32	48	35
Palatine Ward	20	21	14	26	23	22	18	5	19	11
Totals	136	134	133	117	102	101	84	63	106	73

A comparison of the causes of infantile mortality in 1912 with those of the preceding year shows a reduction during last year in the deaths from diarrhœal diseases, measles, whooping cough, and diseases of the lungs; and an increase in the deaths from congenital malformations, premature birth, debility, and wasting.

The appointment of a whole-time salaried official, to pay prompt visits to advise the poorer mothers, and who is able as necessity demands to keep in touch with the voluntary workers, has enabled the work undertaken to preserve infant life to be co-ordinated and developed in a manner which would otherwise be impossible.

THE WORK OF THE OFFICIAL AND VOLUNTARY HEALTH WORKERS.

Birth Inquiries.—During 1912, 588 infants were visited shortly after birth. Forty-four of these were visited by the Voluntary

Health Workers. These visits were followed by 698 revisits. The advice given has been much appreciated and often much needed.

Miss Aldridge reports :—

" The greatest difficulty to contend with in trying to improve the condition of these infants is poverty. The mothers are frequently unable to provide the necessary food for themselves or sufficient warm clothes for their infants while they are young, and there is no doubt that many cases of unnecessary hand feeding, and infantile deaths, are due to these circumstances.

" The following is the kind of case I come across in making these visits :—

(1) " A baby aged 14 months was rickety. On inquiry I found he had had no milk food for 5 months, the reason being that during the previous August (when the child was 9 months old) he had been ill with diarrhœa and sickness, and the doctor had then ordered him to be given no milk food, which advice the parents considered should be carried out indefinitely.

(2) " A first baby, naturally fed for the first few weeks of life, was at 10½ weeks put out to nurse during the day because, although it was unnecessary, the mother preferred working in a factory to minding her own baby. The foster-mother (who lived outside the Borough) fed the child on food made in the following way : A teaspoonful of a patent food mixed with a cupful of water, and a dash of milk added. The child was thin and miserable-looking, and 3 lb. below the normal weight. The foster-mother, however, was quite satisfied with the child's progress, and refused to feed her in any other way or to have her weighed at the Town Hall. I was unable to make much impression on the foster-mother, but succeeded in persuading the mother to give up her work at the

factory and stay at home to mind her own baby, where the child was very soon entirely naturally fed and thriving. Another foster-mother boasted that during the 4 weeks she had had a baby under her care the child had only *lost* 1 *lb.*, this she considered a proof of excellent mothering.

"The infant weighing machine still proves to be of great value. Any mother is invited to bring her baby to be weighed on Monday and Thursday afternoons. During last year 115 infants came to be weighed, and their total visits equalled 452. The largest amount gained by a baby in one week was $1\frac{1}{4}$ lb.; the average gain was between 4 and 5 oz. The mothers show great interest in the children's weights and progress, and I am frequently brought into contact with children who are not thriving, and who I should often not reach in any other way. I quote the following case to illustrate this: A child aged 17 months (not belonging to the poorest class) was brought to be weighed because she was thin and fretful and did not walk. She weighed 16 lb. 10 oz. (the average weight of a baby about 6 months old). The child was scantily clothed in cotton, was given hardly any milk food, and was put to bed at about 10 p.m. After altering these three conditions the next week's weight showed a gain of $1\frac{1}{4}$ lb. The child continued to gain in weight steadily and soon walked.

"Another kind of case which frequently comes to my knowledge in this way is that of a generally healthy naturally fed baby of a few months old. The mother has been assured by neighbours that the child is not satisfied, and should be given some kind of artificial food (generally of a rather dangerous kind, such as gruel or biscuit). At this point the mother sometimes decides she will first ascertain the child's weight. When she does this she generally finds the child is at least its normal weight (generally above it), and with this proof of good progress she is easily persuaded not to follow the neighbour's advice.

"Although most of the infants brought to my notice in this way are still inadequately clothed, there has been some improvement in this direction during the last year. Most of the mothers now provide their infants with some kind of woollen undervest.

"About 100 of these were purchased at cost price at the Town Hall during the year. As I mentioned in last year's Report, some of the head teachers kindly arranged for the elder girls to knit these woollen vests for the babies, and they have been very much appreciated by the mothers.

"Inadequate clothing is often a result of ignorance more than of poverty. Children are sometimes overburdened with heavy cotton clothes, where suitable ones would cost no more and sometimes necessitate less work. One child who came to be weighed wore four petticoats, two of flannelette, one of Oxford shirting, and one of calico. To encourage better clothing of the children I have been able to arrange, through the kindness of one of the Head Teachers, for the school children to make a model set of long and short baby clothes. These are now being made, and, when finished, will be shown to the mothers; and patterns will be given to anyone who wishes to have them."

It is possible that the actual reduction in the rate of infantile mortality is masked by the circumstance that the birth-rate is becoming more disproportionately a rate affecting the poorer people, among whom infantile mortality is always higher than among the well-to-do.

The solution of the problem of infant mortality is to be found in the circumstances surrounding the life of the mothers of the poorer classes, and especially of the poorest class which is fighting year in and year out against destitution and want. I have often observed that with many such mothers their great need is not only advice and instruction by health visitors, but also some practical assistance to enable them to take advantage of that advice.

SENILE MORTALITY.—Of the 587 deaths, 223 were of persons over 65 years of age. The proportion of deaths occurring among those of over 65 years of age to the total deaths is, therefore, 38 per cent. There were 175 deaths of persons over 70 years of age, and 67 of persons over 80, 8 of whom reached 90 years of age—the oldest being 97.

This is a remarkably high proportion of deaths over 65 years of age, which indicates that there is a relatively large number of old persons in the Borough.

SENILE MORTALITY DURING 1912.

65 to 70	70 to 80	80 to 90	90 and over	Total
48	108	59	8	223

The respective ages of those over 90 were 90, 91, 91, 91, 94, 95, 95, 97.

THE CAUSES OF DEATH.—These are fully set forth in Table I., in which it will be noted that the deaths are also apportioned to different age periods. Table II. is supplementary to Table I., and sets forth the deaths in each Division of the Borough during each of the four quarters of the year.

Comparing these tables with the corresponding tables of the preceding year, the following facts are noteworthy: A considerable decrease in the deaths from Measles, Whooping Cough, and Zymotic or Summer Diarrhœa; an increase in the deaths from Premature Births and Infant Debility and Wasting; and Suicide.

It will be noted (Table II.) that the mortality of the Southern Division exceeds that of the Northern (after due allowance is made for the different figures of the population in each Division), mainly in respect to the deaths from Tuberculosis, Violent Deaths and Suicide, Premature Birth and Infant Wasting, Accidents and Lung Diseases.

The Cancer death-rate is, however, disproportionately high in the Northern Division.

TABLE IV.

DEATHS IN PUBLIC INSTITUTIONS WITHIN THE BOROUGH, 1912.

Nursing Home, 17 Queens Road	Invalid Asylum, 187 High Street	St. Anne's House, Manor Road	Northumberland House, Green Lanes.	Nursing Home, 6/8, Alexandra Road.	Nursing Home, 21 Stamford Hill.	Total.
1	1	29	6	7	1	45

I. Institutions within the Borough receiving sick and infirm persons from outside the Borough.	II. Institutions outside the Borough receiving sick and infirm persons from the Borough.	III. Other Institutions, the deaths in which have been distributed among the two divisions of the Borough.
St. Anne's House, Manor Road.	London Hospital.	N.E. Fever Hospital.
Northumberland House, Green Lanes.	Hackney Infirmary.	Claybury Asylum.
Nursing Home, 6/8, Alexandra Road.	Islington Infirmary.	Darenth Asylum.
Nursing Home, 21, Stamford Hill.	Mildmay Cottage Hospital.	Tooting Bec Asylum.
Invalid Asylum, 187 High Street	German Hospital.	Colney Hatch Asylum.
Nursing Home, 17 Queens Road	Children's Hospital, Great Ormond Street.	Banstead Asylum.
	Great Northern Hospital.	Caterham Asylum.
	North Eastern Hospital for Children.	Leavesden Asylum.
	St. Bartholmew's Hospital	S.E. Fever Hospital.
	Metropolitan Hospital.	Long Grove Asylum.
	Royal Free Hospital.	
	St. Luke's House.	
	Shoreditch Infirmary.	
	Queen's Hospital.	
	St. Mary's Hospital.	
	Middlesex Hospital.	
	St. Joseph's Hospital.	
	Friedenham Hospital.	
	The Babies' Home.	
	Brook House.	
	Hospital for Women (Soho).	
	Brompton Hospital.	
	St. Pancras Infirmary.	
	St. Mark's Hospital.	
	Holborn Infirmary.	
	St. Pancras Infirmary.	

ZYMOTIC MORTALITY.

Included in the Zymotic death-rate are the deaths from the seven principal Zymotic Diseases, viz., Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, "Fever" (including Enteric Fever, Typhus Fever, and Simple Continued Fever), and Diarrhœa. In Table IV. the deaths from each of the Zymotic Diseases (including Erysipelas, Puerperal Fever, and Influenza) are given.

The Zymotic Death-rate for the Borough was 0.34 per 1,000 per annum, as against 1.69 in the preceding year.

Year.	Zymotic Death-rate.	Rate for London generally.	Rate for England and Wales.
1901	1·26	2·25	2·05
1902	1·56	2·21	1·64
1903	1·70	1·76	1·46
1904	1·62	2·14	1·94
1905	1·35	1·70	1·52
1906	1·39	1·94	1·73
1907	1·33	1·42	1·26
1908	1·18	1·35	1·29
1909	0·87	1·30	1·12
1910	0·93	1·14	0·99
1911	1·69	2·20	1·88
1912	0·34	1·42	0·99

By comparison with the preceding year there were far fewer deaths from Measles, Whooping Cough, and Diarrhœal Diseases. The low summer temperature and exceptional rainfall were indirectly responsible for the decrease in the Diarrhœal group of diseases.

Deaths from Zymotic Diseases (including Influenza, Puerperal Fever, and Erysipelas) in the Year 1912.

	Scarlet Fever.	Diphtheria.	Small Pox.	Enteric Fever.	Puerperal Fever.	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Influenza.	Erysipelas.	Total.
First Quarter ...	...	...	...	...	...	...	1	2	3	...	6
Second „ ...	...	...	...	...	...	1	...	2	...	1	4
Third „ ...	...	...	...	...	...	2	...	2	...	...	4
Fourth „ ...	1	...	...	...	1	3	1	2	...	...	8
	1	...	...	...	1	6	2	8	3	1	22
1911.....	3	3	...	1	...	27	19	27	2	7	89

ZYMOTIC DIARRHŒA.

As pointed out in my last annual Report, there is a district which is (roughly speaking) enclosed by Church Path, Clissold Road, Cowper Road, and Watson Street, inside of which almost half of the total deaths from Zymotic Diarrhœa during the past eight years have occurred, and practically the whole of the mortality occurs in August and September.

As in former years, this area was specially scavenged during August and September of last year, and arrangements were also made for the weekly flushing of the gullies situated in different courts. As the weather conditions in July appeared to indicate the likelihood of the continuance of climatic conditions which would indirectly give rise to a considerable amount of summer diarrhœa, 4,000 revised handbills upon this disease (a copy of which is appended to this Report) were at once distributed at the houses belonging to the poorer section of the community.

TABLE V.

The chief vital statistics of the Borough of Stoke Newington since its formation.

Year.	Population estimated to middle of year.	Birth-rate.	Rate of Infantile Mortality.	General Death-rate.	Zymotic Death-rate.	Infectious Sickness rate.
1901	51,328	21·6	117·9	13·1	1·26	7·9
1902	51,188	22·0	114·7	13·3	1·56	7·8
1903	51,130	21·5	120·3	12·6	1·70	3·8
1904	51,072	22·3	115·6	13·4	1·62	5·7
1905	51,015	20·9	124·7	13·0	1·35	5·8
1906	50,957	21·2	108·0	12·0	1·39	5·1
1907	50,899	20·5	97·9	11·8	1·33	7·8
1908	50,841	20·2	98·3	12·9	1·18	5·8
1909	50,784	19·5	84·9	11·7	0·87	3·5
1910	50,726	18·8	66·1	11·8	0·93	3·6
1911	50,669	20·7	106·2	12·5	1·69	4·4
1912	50,581	20·4	70·7	11·6	0·34	3·7

THE MORTUARY.

During the year 47 bodies were deposited in the Public Mortuary; 21 of these were females and 26 were males. Post mortem examinations were performed upon 30 of these cases, and inquests were held upon 38.

TABLE Va.

Analysis of the Vital Statistics of the Metropolitan Boroughs and of the City of London, after Distribution of Deaths occurring in Public Institutions, for the year 1912.

Cities and Boroughs	Estimated Population in the middle of 1912	Annual Rate per 1,000 Living		
		Corrected Death rate	Principal Infectious Diseases	Notifiable Diseases Attack-rate
LONDON	**4,519,754**	**14·3**	**1·1**	**5·3**
West Districts.				
Paddington	142,362	13·1	0·7	4·8
Kensington	171,746	14·0	0·6	3·7
Hammersmith	122,750	13·6	0·8	5·2
Fulham	155,402	13·4	1·1	5·8
Chelsea	65,397	15·1	0·8	4·0
City of Westminster ...	157,248	13·9	0·7	3·4
North Districts.				
St. Marylebone	116,155	14·7	0·9	4·5
Hampstead	85,966	11·1	0·4	3·8
St. Pancras	216,145	15·3	1·0	6·5
Islington	326,398	14·9	1·1	4·9
Stoke Newington	50,581	12·1	0·3	3·7
Hackney	222,986	12·6	0·6	4·7
Central Districts.				
Holborn	48,026	16·6	1·0	5·5
Finsbury	86,130	19·4	2·6	5·5
City of London	18,695	14·8	0·4	3·6
East Districts.				
Shoreditch	110,430	19·0	2·6	4·3
Bethnal Green	127,985	15·5	1·5	5·9
Stepney	277,315	15·9	1·7	6·3
Poplar	161,597	16·9	1·7	5·2
South Districts.				
Southwark	190,017	17·5	1·7	5·9
Bermondsey	125,260	17·2	1·9	6·9
Lambeth	297,550	13·7	1·0	4·2
Battersea	167,589	13·1	1·0	5·1
Wandsworth	321,881	10·8	0·7	4·8
Camberwell	261,591	13·4	0·9	4·7
Deptford	109,377	13·8	0·9	7·2
Greenwich...	95,994	13·4	1·1	8·5
Lewisham	165,249	10·8	0·6	6·3
Woolwich	121,932	12·4	0·8	8·4

INQUESTS.

The following Inquests upon deaths of Parishioners were held during the year 1912.

	1st quarter	2nd quarter	3rd quarter	4th quarter	Totals
Accidents (Due to Falls)	2	3	—	3	8
„ (Suffocation)	—	2	1	—	3
„ (Motor)	1	1	—	1	3
„ (Wounds)	—	—	1	—	1
Suicide (Cut Throat)	1	—	—	1	2
„ (Hanging)	—	1	1	—	2
„ (Poisoning)	—	1	—	1	2
„ (Drowning)	—	—	—	—	—
Kidney Disease	2	2	—	—	4
Acute Pneumonia	1	—	1	—	2
Diarrhœa	1	—	—	—	1
Heart Disease	4	6	3	2	15
General Tuberculosis	2	—	—	—	2
Senile Decay	1	—	1	—	2
Congestion of Lungs	1	—	—	—	1
Septic Ulcer	—	1	—	—	1
Phthisis	—	1	—	1	2
Tumour	—	1	—	—	1
Apoplexy	—	1	1	—	2
Peritonitis	—	—	—	1	1
Measles	—	—	—	1	1
Cancer	—	1	—	—	1
Cerebral Hæmorrhage	—	1	—	1	2
TOTALS... ...	16	22	9	12	59

INFECTIOUS DISEASES AND THE MEASURES TAKEN TO PREVENT THEIR SPREAD.

It will be seen from Table VI. that 343 *Notification Certificates of Infectious Illness* were received from medical practitioners, as against 346 during the preceding year. These figures include notifications of Consumption, acute Polio-myelitis, and Ophthalmia Neonatorum; and they represent a slight decrease in the prevalence of communicable disease, as compared with the figures for 1911.

TABLE VI.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1912.

NOTIFIABLE DISEASE.	Number of Cases Notified,								Total Cases Notified in each Locality—(*e. g.*, Parish or Ward) of the District		Total Cases removed to Hospital
	At all Ages	At Ages—Years.									
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	1 North Division.	2 South Division.	
Small Pox	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—
Diphtheria, including Membranous croup	55	1	16	34	2	2	—	—	11	44	42
Erysipelas	32	1	2	4	2	9	12	2	6	26	4
Scarlet Fever	92	1	24	57	8	2	—	—	38	54	66
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	3	—	1	—	—	2	—	—	1	2	3
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	3	—	—	—	—	3	—	—	—	3	2
Plague	—	—	—	—	—	—	—	—	—	—	—
Phthisis — Under Tuberculosis Regulations, 1908	14	—	—	1	3	5	4	1	1	13	14
Phthisis — Under Tuberculosis Regulations, 1911	138	—	—	2	23	74	33	6	20	118	17
Phthisis — Others	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Myelitis	5	1	2	2	—	—	—	—	1	4	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	1	—
Totals	343	5	45	100	38	97	49	9	78	265	148

These 343 cases represent infection in 262 different houses. In all homes the disinfection was performed by the Sanitary Authority. A visit was paid to every house, and it was ascertained that cases of infectious illness occurred in 3 houses where there were "grave" sanitary defects.

In arriving at these conclusions I have considered whether any sanitary defect was of a nature which is generally believed to predispose to the particular disease in question.

Thus, apart from the measures that have been taken to prevent the spread of infectious illness, the notification of such illness was the means during the year of bringing about a sanitary inspection of 262 premises.

Table VII. shows the number of cases, and of deaths, from the Infectious Diseases notified during each year since the constitution of the Borough; and Table VIII. shows the cases of Infectious Diseases notified during each month of the year 1912.

The Infectious Sickness Rate of the Borough, excluding the notifications from Consumption, Acute Polio-myelitis, and Ophthalmia, so as to make the rate comparable with that of former years, was 3.7 to each 1,000 of the population, as against 4.4 for the preceding year. The rate in the Northern Division was 3.3 while that in the Southern Division was 3.9.

Year.	Infectious Sickness Rate.	Rate for London generally.
1901	7·9	8·9
1902	7·8	9·9
1903	3·8	6·0
1904	5·7	6·1
1905	5·8	7·0
1906	5·1	7·5
1907	7·8	8·6
1908	5·8	7·4
1909	3·5	6·1
1910	3·6	4·5
1911	4·4	5·3
1912	3·7	5·2

TABLE VII.

Table showing the number of Cases and Deaths from the Infectious Diseases notified from among residents since the constitution of the Borough.

	Small-pox.		Scarlet Fever.		Diphtheria.		Erysipelas.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1901	26	3	174	4	137	14	29	—
1902	41	8	192	5	91	5	50	3
1903	1	—	88	—	37	7	30	—
1904	8	—	153	3	60	10	53	7
1905	1	—	178	3	75	4	28	1
1906	—	—	137	1	45	4	48	3
1907	—	—	238	7	109	6	29	1
1908	—	—	195	5	60	1	24	2
1909	—	—	108	2	28	1	28	2
1910	—	—	84	1	53	2	31	2
1911	—	—	97	3	77	3	41	7
1912	—	—	92	1	55	—	32	1

	Puerperal Fever.		Enteric Fever.		Membranous Croup.		Cerebro-Spinal Fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1901...	4	2	26	4	4	1	—	—
1902...	1	—	22	4	2	—	—	—
1903...	2	2	34	5	2	—	—	—
1904...	3	3	14	6	2	—	—	—
1905...	1	—	10	—	4	1	—	—
1906...	1	1	10	—	1	—	—	—
1907...	2	1	14	3	5	—	1	1
1908 .	4	2	10	4	—	—	2	—
1909...	4	1	11	1	1	1	—	—
1910...	3	2	10	2	—	—	1	—
1911...	—	—	6	1	1	—	—	—
1912...	3	1	3	—	—	—	5	—

TABLE VIII.

Cases of Infectious Disease notified during each month of the year 1912

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Puerperal Fever.	Continued Fever.	Erysipelas.	Anterior Polio-Myelitis.	Phthisis.	Chicken-pox.	Ophthalmia Neonatorum.	Totals.
January ...	—	12	4	—	—	—	—	3	—	23	—	—	42
February ...	—	4	6	—	—	—	—	3	—	17	—	—	31
March ...	—	9	3	—	—	1	—	5	—	7	—	—	24
April ...	—	2	7	—	2	—	—	4	—	12	—	—	27
May ...	—	4	12	—	—	—	—	2	—	17	—	—	35
June ...	—	5	3	—	1	—	—	2	—	17	—	—	28
July ...	—	10	6	—	—	—	—	1	1	14	—	—	32
August ...	—	3	—	—	—	—	—	2	1	8	—	—	15
September ...	—	6	6	—	—	1	—	3	1	8	—	1	25
October ...	—	8	1	—	—	—	—	4	1	7	—	—	21
November ...	—	12	4	—	—	—	—	—	1	9	—	—	26
December ...	—	17	3	—	—	1	—	3	—	13	—	—	37
TOTALS ...	—	92	55	—	3	3	—	32	5	152	—	1	343

The Infectious Sickness Rate for London generally was 5.2. Of the 29 Sanitary Areas situated within the Metropolis, the lowest rates were those of Westminster (3.3), the City (3.4), and Stoke Newington (3.6); and the highest rates were those of Greenwich (8.4), Woolwich (8.3), and Deptford (7.1).

148 of the cases notified were removed from their homes to Isolation Hospitals.

SCARLET FEVER.

The 92 cases of Scarlet Fever occurred in 81 houses, in 2 of which there were grave insanitary conditions.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901	0·08	0·13	0·13
1902	0·09	0·12	0·15
1903	0·00	0·08	0·12
1904	0·06	0·08	0·11
1905	0·06	0·12	0·11
1906	0·02	0·11	0·10
1907	0·13	0·14	0·09
1908	0·09	0·11	0·08
1909	0·04	0·08	0·08
1910	0·02	0·04	0·06
1911	0·06	0.04	0.05
1912	0·02	0·04	0·05

School attendance was ascribed as the origin of the infection in 3 cases; and in one case it is possible that the infection was communicated by a patient recently dismissed from a fever hospital. The infection was imported into the Borough in at least 2 instances.

In at least 6 cases the infection appeared to be secondary to the infection in another member of the household.

ERYSIPELAS.

The 32 cases of this disease represent infection in 29 different premises. In 2 of these, insanitary conditions of a slight nature existed, and in no case were the sanitary defects grave. In 2 cases there was previous local injury (which in one case was due to a scratch).

ENTERIC OR TYPHOID FEVER.

The 3 cases notified during the year all occurred in different houses. In none of these houses did grave insanitary conditions exist. The origin of the infection remained quite obscure in each case, and in one case the patient had been ailing for several weeks before he took to his bed and the disease was diagnosed.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901	0·08	0·12	0·15
1902	0·08	0·12	0·13
1903	0·09	0·08	0·10
1904	0·11	0·06	0·09
1905	0·00	0·05	0·09
1906	0·00	0·05	0 09
1907	0·06	0·04	0·07
1908	0 08	0·05	0·07
1909	0·02	0·03	0·06
1910	0·04	0·04	0·05
1911	0·02	0·03	0·07
1912	0·00	0·03	0·04

DIPHTHERIA.

The 55 cases of Diphtheria occurred in 52 houses, 5 of which were more or less insanitary. The sanitary defects were grave in 1 instance.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901	0·27	0·30	0·27
1902	0·09	0·25	0·23
1903	0·13	0·16	0·18
1904	0·19	0·16	0·17
1905	0·09	0·12	0·16
1906	0·08	0·14	0·17
1907	0·11	0·16	0·16
1908	0·02	0·15	0·16
1909	0·02	0·13	0·14
1910	0·04	0·09	0·12
1911	0·06	0·13	0·13
1912	0·00	0·10	0·11

School attendance is either alleged by the parents or surmised by myself, on good grounds, to be the cause of 2 attacks during the year.

Two appear to have caught the infection from previous cases in the same household. In 2 cases it was very clear that a preceding Tonsilitis predisposed to an attack of Diphtheria. In several cases there was a history of previous throat trouble, frequently recurring. One case was imported into the Borough, and there were two "return cases." A domestic servant acting as a "carrier" of the germ, though not herself suffering from diphtheria, gave the complaint to her mistress.

Many applications have been made at the office for tubes of "antitoxin," which I store for the convenience of local practitioners.

In this disease the spread of the infection (and by consequence the mortality) is largely due to the unfortunate circumstance that the early diagnosis of the disease *from clinical symptoms* is frequently difficult or impossible, and bacteriology alone can solve the difficulty in many cases. The *diagnosis outfits* supplied by the Council to the medical practitioners in Stoke Newington continue to be much appreciated. Every practitioner has been kept provided during the year with such an outfit, and has thus had at his disposal the means of procuring a bacteriological diagnosis of Diphtheria, Enteric Fever, and Consumption.

The following is a list of the applications received during 1912, together with the results of the *examinations performed at the Lister Institute of Preventive Medicine, London* :—

Disease.	Results.		Total.
	Positive.	Negative.	
Phthisis	31	71	102
Diphtheria	43	85	128
Enteric...	3	1	4
Total	77	157	234

Since the Local Government Board has placed the matter on a satisfactory basis, by issuing an Order authorising this provision of antitoxin for both curative and prophylactic purposes, the Borough Council has availed itself of this power in necessitous cases: for the prompt administration of the remedy, before patients are removed to hospital and pending report of the bacteriological examination of swabs taken from the throats, often goes far in the direction of preventing a fatal termination to the disease.

MEASLES AND WHOOPING COUGH.

Measles.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901	0·17	0·43	0·28
1902	0·08	0·51	0·38
1903	0·39	0·44	0·27
1904	0·13	0·49	0·36
1905	0·21	0·37	0·32
1906	0·19	0·40	0·27
1907	0·13	0·38	0·36
1908	0·19	0·32	0·23
1909	0·17	0·48	0·35
1910	0·22	0·41	0·23
1911	0·53	0·57	0·36
1912	0·12	0·40	0·35

Whooping Cough.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901	0·04	0·35	0·31
1902	0·27	0·41	0·29
1903	0·36	0·35	0·27
1904	0·25	0·32	0·34
1905	0·17	0·32	0·25
1906	0·32	0·26	0·23
1907	0·36	0·37	0·29
1908	0·13	0·20	0·28
1909	0·24	0·26	0·20
1910	0·13	0·28	0·24
1911	0·37	0·23	0·21
1912	0·04	0·22	0·23

ZYMOTIC DIARRHŒA.

Year.	Death-Rate for Stoke Newington.	Rate for London generally.	Rate for England and Wales.
1901	0·31	0·87	0·92
1902	0·39	0·54	0·38
1903	0·25	0·63	0·50
1904	0·49	1·03	0·86
1905	0·74	0·72	0·59
1906	0·50	0·95	0·87
1907	0·24	0·32	0·30
1908	0·35	0·54	0·51
1909	0·11	0·33	0·29
1910	0·22	0·28	0·29
*1911	0·57	1·18	1·06
*1912	0·04	0·29	0·20

* Calculated from deaths occurring under two years of age.

MEASLES.

It is most important to protect the young child from preventible disease, and to guard its physique during the crucial years of rapid development; and the exposure to cold and damp involved in school atendance through the winter months must be the cause of a great deal of unnecessary sickness amongst these infants.

If, in addition to the exclusion of children under 5 years of age from elementary schools, all parents could be impressed with the advantage of making efforts to protect their offspring from Measles for as long as possible, and to regard the disease as one which demands an anxious care to keep the child warm and protected from chills for several weeks after the rash has disappeared, I am confident that the death-rate from Measles would be very considerably reduced.

Now that some Hospital provision has been made available by the Metropolitan Asylums Board in respect to cases of Measles and Whooping Cough, the question as to whether these two diseases should be made compulsorily notifiable calls for further consideration. Seeing that the extent of this accommodation is very limited, and, therefore, soon becomes exhausted, as was evidenced in November of last year, I am disposed to believe that the prompt visitation of as many as possible of the cases which come to our knowledge from the Education Authority and other sources, and the home visitation and distribution of handbills of advice in those streets occupied by the poorer classes, may furnish as good results as compulsory notification, under the present circumstances. It is proposed to append to our present handbills a statement to the effect that a limited amount of hospital accommodation is available for the most necessitous cases, and to invite applications at the Town Hall.

PUERPERAL FEVER.

Under Puerperal Fever are included the deaths from Pyæmia

and Septicæmia occurring in the lying-in women. Three cases were notified during the year.

It is satisfactory to note that the mortality among puerperal women, both from puerperal sepsis and from accidents at child-birth, is steadily decreasing.

PHTHISIS (CONSUMPTION).

Year.	Death-Rate for Stoke Newington.	Rate for London generally.
1901	1·30	1·58
1902	1·24	1·62
1903	1·30	1·50
1904	1·70	1·63
1905	1·31	1·46
1906	0·90	1·44
1907	0·88	1·14
1908	1·04	1·11
1909	0·80	1·31
1910	0·92	1·14
1911	1·02	1·34
1912	0·91	

The 152 cases of Consumption notified embraced 14 notified under the Public Health (Tuberculosis) Regulations, 1908, and 138 under the 1911 Regulations.

A few facts may be worthy of record in connection with the cases notified during the year. There was certainly no family history of Consumption in 84 of the cases investigated; and it seems probable that the history was negative in 6 other instances. There were, therefore, 56 per cent. of the total cases notified whose family history furnished no instance of the disease. The parental history was often in other cases *suggestive* of Phthisis, although one was informed that the death of the father or mother was attributed to Bronchitis or some other Pulmonary complaint. But excluding such doubtful cases of parental history of the disease, it was found that in 29 cases the father or mother

had either died, or were suffering from Consumption at the time of the inquiry; and that in 10 other cases there was a history of Consumption in the brothers or sisters of the parents. Where the parents themselves had either died or were living and suffering from the disease, in 20 cases it was the father, in 8 cases the mother, and in one case both parents, who were consumptive.

It was found that the period during which the various individuals notified had been suffering from the disease varied considerably; from two or three weeks to as long as twenty years in one case. It is impossible to define the period in a large number of cases, so insidious is the disease in its early stages when it is commonly regarded as nothing more than a cough. But it is clear that 48 patients had suffered from the disease for less than 12 months, and 52 for over 12 months at the time when the inquiries were made. In 10 cases the duration of the disease had averaged 10 years. Twelve of the patients had previously been in Sanatoria.

The most frequent causes of the disease, in the opinion of the patients themselves, were exposure to wet and cold, influenza, repeated colds and winter coughs. Contact with a previous case was alleged to have been the source of infection in two cases, and the special circumstances of one case made this very probable.

The occupations of the persons notified were very various. Indeed, almost all kinds of employment are entered upon the inquiry forms; and there is nothing to indicate any special prevalence of the disease in any particular form of occupation, when one bears in mind the varying extent to which different occupations attract the working-class population.

The compulsory notification of the disease has disclosed several instances (7) in which the patients had not been informed by the doctor notifying the disease that they were suffering from it. It is unfair to place the onus of conveying this information upon the sanitary official; and the advice which he can offer is

not likely to be heeded if the patient doubts whether he is suffering from the disease. In two cases the request was made that I should not visit the case, because it was undesirable to acquaint the patient of his condition. Where this is the wish of a medical practitioner the request is, of course, complied with.

The diagnosis of the medical attendant was disputed by the patients in 2 cases, but in both cases a bacteriological examination proved the medical attendant to be in the right; the correctness of the diagnosis was subsequently disproved in four other instances. In practically all the cases the diagnosis was confirmed by a bacteriological examination of the sputa. In 5 instances the patients were dead within two or three days of notification, and in 6 instances the patient had been removed to the Infirmary or to Hospital by the time a notification certificate reached us. In 5 cases the patient had left the address from which they were notified; and in two cases false addresses were given.

Judging from the deaths from Consumption, which numbered 35, there must have been, at least, some 200 sufferers from the disease in the Borough during the year, and of those 152 were notified under the voluntary system and the Public Health (Tuberculosis) Regulations of 1908 and 1911, combined.

It must be realised that a proportion of the approximately 200 sufferers in Stoke Newington are disseminating infection. In the earlier stages of the disease there is relativly little danger of conveying infection, but later the danger is very considerable, unless the patient has been trained to take the necessary precautions; for at no stage of the disease need the educated consumptive be a danger to anyone. Therefore, in the absence of any provision to isolate or even to adequately supervise the advanced cases which are notified to me, the process of infection doubtless continues to go on in dozens of homes in Stoke Newington, and this will remain so until more comprehensive measures are adopted.

At present the preventive measures practised in the Borough are insufficient—more especially in regard to the detection of early cases and the isolation and supervision of the dangerous advanced cases. The measures that we have been able to adopt up to the present are the following: The cases notified to us are mostly in an advanced stage of the disease, and the majority are unsuitable for admission to a sanatorium. An inspection of the dwelling of the person notified is made and an inquiry is instituted as to the family and personal history and present occupational and home circumstances of the patient. I personally visit all cases and give verbal instructions and suggestions, but at the same time a printed handbill of advice is given to some member of the family. In necessitous cases the Borough Council supplies a disinfectant gratuitously, and the premises are disinfected, occasionally during their occupancy by the patient but always on removal or death. Assisted by the official woman health visitor, and occasionally by voluntary health visitors, it has been possible to keep some of the worst cases under a limited degree of observation; but it has not been possible to undertake systematic visitation and observation of the patients, nor the clinical examination of all those who have been in close contact with the sufferer.

Thus the notification of Consumption has impressed upon all those who have thereby been brought in contact with many cases of this disease among the poorer people, one outstanding circumstance demanding remedial measures, viz., that a large proportion of those notified are suffering from the disease in too advanced a stage for sanatorium or other treatment to afford much prospect of success; and an essential development of our campaign against the disease is to do what is possible to provide for the early discovery of infection, so that persons may be given the benefit of medical supervision and advice and other help at the earliest possible moment. With the early detection of the disease the chances of restoration to work for many years becomes very good, even with the poor; *so that in our campaign against the disease among the poorer classes it is important that these very early cases*

should be sought out and taken in hand almost before they know themselves to be ill.

There can be no doubt that the system which provides for the detection of early unsuspected cases, which enables a man to continue his work during his treatment (because his case has not progressed too far), and which supervises his home arrangements during his treatment, is the one which presents the most favourable prospects for establishing such an amount of control over the disease as may in future lead to a great reduction in the suffering and death which it entails. Now that the disease in all its forms has been made compulsorily notifiable, we shall be able to apply the above measures far more generally than hitherto; and a scheme for extending our work to better meet the requirements of the situation is at present under the consideration of the Public Health Committee

Consumption is not a disease the prevalence of which among the masses can easily be reduced; but the reduction of the disease in the past 50 years is encouraging—even when allowance is made for the fact that the decline shown by the figures of registered deaths is due in no small measure to altered nomenclature and the influence exerted by migration, as pointed out by Dr. Hamer, the Medical Officer of Health for the County of London.

In my last Annual Report I indicated at some length the object and scope of the work of the Tuberculosis Dispensary system, which is now so generally advocated.

Local Authorities have powers under the Public Health Acts to provide Dispensaries, etc.; and the Local Government Board, in their Circular, dated March 22nd, 1911, states: "The Order (of 1911) will allow the provision of appliances or apparatus, such as temporary shelters, with the nccessary furniture, and utensils for the use of the patient; and by these means patients may

sometimes be treated at their homes under suitable sanitary conditions, or continue treatment at home after a short stay in a Sanatorium."

It is certain that there is a large population essentially of the Dispensary class within half-a-mile radius of the extreme southerly border of Stoke Newington (Matthias Road); and if a Dispensary were established in Matthias Road or its immediate neighbourhood, it would draw upon dwellers not only in Stoke Newington but also in Islington, and to a less extent in Hackney. I, therefore, approached the Medical Officers of Health of Islington and Hackney to ascertain to what extent they would be prepared to co-operate in such provision. The suggestion, however, was not favourably entertained by the neighbouring Medical Officers of Health, mainly on the grounds that it would prejudice the establishment of similar provisions in other localities within these Boroughs where they were more needed. Since Stoke Newington could not maintain a fully staffed Dispensary of its own, because we have not enough of the poorer class population within our borders to sufficiently employ such a Dispensary, the possibility of the adoption of a scheme which falls short of the complete provision has been considered.

The Departmental Committee appointed by the Government advised, and the Local Government Board has endorsed the principle, that Local Sanitary Authorities should organise a scheme for dealing with Tuberculosis in the population generally, and both the Committee and the Local Government Board have indicated the methods by which this can be pursued. It is obvious that the project of dealing with Consumption on both the preventative and curative side, on anything approaching a useful scale, would entail a cost which would represent a considerable increase upon the local rates. But this difficulty has been partly met, so far as the provision of Institutions is concerned, by a Government grant of one and a-half million pounds and by the Chancellor's undertaking to provide a further sum to meet half

the cost of treating non-insured persons—the funds available for sanatorium treatment of insured persons under the National Insurance Act being recoverable from insured persons.

Many comprehensive schemes have been adopted throughout the country, and a considerable number of Authorities have already provided Tuberculosis Dispensaries and appointed Tuberculosis Medical Officers; but many important questions, such as the provision of suitable Sanatoria by the County and Borough Councils, the utilisation of general hospitals for the treatment, isolation, and educational training of advanced cases, and the relation of the dispensary to home treatment by medical practioners, have yet to be satisfactorily settled. So far as London is concerned, a provisional arrangement has been made between the London County Council and the Metropolitan Asylums Board for the utilisation of certain hospitals as Sanatoria, and a considerable proportion of the Metropolitan Boroughs (8) have now provided themselves with Tuberculosis Dispensaries, and 6 others propose to establish the Dispensary system in connection with the out-patient department of existing hospitals.

The special difficulties in the way of the provision of a Tuberculosis Dispensary in Stoke Newington are considerable, and they form a good argument in favour of the County Council drawing up a scheme which meets the needs of the Metropolis, and which will not necessarily be hampered by considerations of Municipal boundary lines.

Various circulars relating to Pulmonary Tuberculosis were issued by the Local Government Board during the past year. In the Circular of May 14th, 1912, the Board state that they agree generally with the findings of the Departmental Committee, which was appointed by the Chancellor of the Exchequer to advise as to the provisions which should be made for persons suffering from Consumption; and the Board commends the Report to the serious consideration of Local Authorities. In a Circular of July 6th,

1912, the Board refers to the arrangements which may be made by Insurance Committees for the administration of Sanatorium Benefit to insured persons; and the Board endorses the view that schemes dealing with Consumption should relate to the whole population in the area and not only to insured persons, and that the unit area for such schemes should generally be a County or County Borough, or a combination of those areas. The important facts of these Circulars have been duly taken into account in the compilation of the two Reports upon the subject of the provision of a Tuberculosis Dispensary, which I have presented to the Public Health Committee during the year. Neither of these Reports was adopted by the Committee, who decided to wait and see how the arrangements for Sanatorium treatment in the Metropolis finally shaped themselves.

In December, 1912, the Public Health (Tuberculosis) Regulations, 1912, were issued. The new Regulations apply to non-pulmonary as well as to pulmonary tuberculosis. More than half the deaths from non-pulmonary tuberculosis are of children under 5 years of age; and it is probable that a much higher percentage of the total number of persons suffering from non-pulmonary tuberculosis are children of this age. It is hoped that notification of these cases will facilitate the investigation of the sources of infection, and assist in securing improvement in the conditions under which the children live.

Notification is to be made on the strength of evidence other than that derived solely from tuberculin tests. This is a necessary limitation, the tuberculin test alone being in cases misleading as an indication for treatment at the hands of the Sanitary Authority or Insurance Committee.

A departure has been made from the system of transmitting notifications established by the Hospital Regulations of last year, under which notifications were to be sent to the Medical Officer of Health for the District within which the Hospital was situated,

and then transmitted by him to the appropriate district. The alteration is thought to be desirable for the sake of simplifying the machinery of the present Order. The alteration will relieve the Medical Officer of Health of a duty which had no relation to the health of his District.

A table of fees is set out in Schedule B to the Order. The scale for primary notifications is based on that prescribed by the Infectious Disease (Notification) Act, 1889. The fees are to be paid by the Sanitary Authority at the end of each quarter, and medical practitioners are not required for this purpose to submit an account of fees claimed.

Inquiries under these Regulations need not and must not be conducted in such a way as to cause annoyance to patients or their friends. In visiting a workshop, for instance, the Medical Officer of Health must carefully avoid any suggestion that the visit is made in connection with a notified case of Tuberculosis.

In the Order, which came into operation on February 1st, 1913, the forms of the various Notification Certificates are defined; but on Form A (Primary Notifications) the medical man is not asked to state the capacity in which he makes out the Certificate. The effect of this omission would be that we should not know what fee was payable in respect of many of the Certificates, seeing that the Notification Fees vary according to whether the practitioner notifies the case as a private patient, or as a patient treated at a public institution, &c.

These, with other recent Regulations, have added materially to the otherwise increasing work of the Public Health Department. It is no exaggeration to say that the clerical work has been more than doubled during the past 5 years, and that the work of the Public Health Officials has greatly increased. It is becoming increasingly difficult with the existing staff to properly discharge the duties imposed upon us. We can, for instance, make a visit,

give advice, and collect data in respect to the notified cases of Tuberculosis; but such data are of little value, and the advice we offer does little good if we have no time for following up the visits and otherwise securing that the most is being done both for the patient and for those who may otherwise be exposed to serious risks. It will be a great loss to the public health if we are to become more and more recording machines and less and less practical workers.

ACUTE POLIO-MYELITIS AND CEREBRO-SPINAL FEVER.

These two diseases, which had previously been made compulsorily notifiable by many Local Authorities, were required to be generally notified by a General Order of the Local Government Board, which took effect on September 1st, 1912. The reasons for making these diseases compulsorily notifiable were discussed at length in my Annual Report for 1911.

THE DISINFECTING AND CLEANSING STATION.

During the year ending December 31st, 1912, the following disinfecting and cleansing work was performed at the station :—

Total number of textile articles disinfected ...	11,560
Total number of books from Public Library disinfected	91
Total number of verminous persons cleansed ...	551

Of the verminous persons cleansed, all were children of school ages.

In addition to the disinfection of rooms on account of the compulsorily notifiable diseases, 147 rooms were fumigated on account of vermin, 27 on account of consumption, and 12 on account of cancer.

During the year the Borough Council continued its agreement with the Education Department of the London County Council to bathe and cleanse verminous school children, resident in Stoke Newington.

On receiving application from the London County Council, the Borough Council, desirous of extending the utility of its Cleansing Station to school children attending elementary schools on the borders of Stoke Newington and within easy access of the Cleansing Station, decided that in addition to providing for the cleansing of verminous school children attending the elementary schools within the Borough, it was prepared to undertake the cleansing of children attending the Newington Green School, the Hindle Street, High Street (Hackney), and St. Jude's Schools (Islington), subject to the undertaking that in no one week are more than 20 children to be dealt with.

The Shelter has been maintained during the year. The Borough Council is under a statutory obligation to maintain this provision, and in the event of an epidemic of certain diseases, it will prove a useful auxiliary means of checking the spread.

NOTES UPON SANITARY WORK PERFORMED DURING THE YEAR 1912.

It will be seen from the accompanying Report of the Chief Sanitary Inspector that a large amount of sanitary work has been performed during the year; 4,181 premises were inspected for conditions injurious or dangerous to health, and insanitary conditions varying in their nature from slight to very grave were discovered in a large number of instances; 821 Intimation Notices, followed in 19 cases by Statutory Notices, were complied with. Of 4,181 premises inspected, only 198 inspections were made as the result of complaints by householders and others, and this circumstance will serve to accentuate the importance of prosecuting a fairly constant system of house-to-house inspection in at least the poorer

parts of the Borough. In the case of 43 of the complaints received, no nuisance existed at the time of inspection. 3,474 re-inspections were made, making a total for the year of 7,655 inspections.

The *slaughter-houses, bakehouses, cowsheds* and *dairies,* the *common lodging-house,* and the *registered houses let in lodgings,* situated in the Borough, were all inspected during the year.

During the year a Departmental Committee of the Local Government Board investigated and reported upon the value of the Intercepting or Disconnecting trap which is generally required to be inserted between the house drain and the sewer with the object of preventing the entrance of sewer air into the drain.

Those who are opposed to the insertion of this trap contend: (a) That it is a positive obstacle to the rapid discharge of drainage contents into the sewer; (b) that it is a frequent cause of the blockage of house drains, with all the attendant evils and dangers; (c) that it is never clean, and contains sewage which may be retained until an advanced state of decomposition is reached, and may thus be the chief cause of bad odours in drains; (d) that it is an insufficient safeguard, the trapping water being liable to be forced by air pressure in the sewer; (e) that it forms no obstacle to the passage of rats; (f) that the dangers of sewer air have been greatly exaggerated; (g) that it leads to a splashing of the sewage which is responsible for transmitting germs from the liquid sewage to the drain air, and, therefore, adds to the number of germs in drain air; (h) that it interferes with the proper ventilation of the sewers; (i) that the experience of districts which have dispensed with the trap shows that there is less odour of sewage in its absence and (j) the trap necessitates a fresh-air inlet, which often serves as an outlet, which is generally placed in close proximity to the house.

The arguments in favour of the retention of the trap are as follows: (a) Sewers are often defective, in which event the gases

in the sewer are much more offensive than those in the drains discharging into them. The Committee recognises this, and is of opinion that in such cases intercepting traps may be needful. (b) Observations have shown that in practice the forcing of an intercepting trap does not occur until the opening of its own connection with the sewer is first submerged—that is, until the main body of sewer air is cut off; (c) as to the trap leading to drain stoppages, this is less a fault of the system than of its application, and is often due to the faulty laying of drains above the traps, defective sewer connections, bad forms of trap, and the employment of too large traps; (d) it is important to do what is possible to prevent infected drain air at one house from entering the drains of another house; (e) they are generally effective in keeping sewer rats from the house drains.

Sanitary Authorities who are guided by the results of this inquiry will insist upon intercepting traps in special cases; but as a general rule will consider the drawbacks attaching to the trap to outweigh the advantages if the drain connections and the sewerage system of the district are in good order.

FOOD INSPECTION.

The amount of unwholesome food seized in Stoke Newington is very small, even when regard is had to the size of the Borough. On the other hand, a not inconsiderable amount of unwholesome food has been surrendered for destruction during the year, the particulars of which are shown in the Report of the Chief Sanitary Inspector. It is to be hoped that in the near future all obviously unsound food will be thus surrendered.

Hitherto the Government has done but little to safeguard the public health against the dangers of Tuberculous milk. As I have stated in a former Report, the provisions called for in the interests of the public health embrace: (a) The veterinary inspection of all milch-cows; (b) the compulsory notification by the owner of every

obviously diseased cow; (c) every cow with "open" Tuberculosis to be either slaughtered or branded on the hoof, and a penalty inflicted if the milk is sold for human consumption, or even if it is fed to pigs without previous Pasteurisation; (d) as a matter both of justice and of policy, partial compensation must be provided, at least for some years, in the case of those Tuberculosis animals which furnish no obvious symptoms of the disease, and which have been kept under reasonably sanitary conditions. But the farmer should receive but little, if any, compensation in respect of any obviously diseased cow; the effect of this would be to impress the need for better precautions in buying and housing in the future. As the matter is a national one, the Exchequer should contribute the necessary funds for compensation, and the scheme should be made to apply to the whole of the country, so that every part is dealt with on equal terms. Mr. Burns' Milk Bill proceeds much on these lines, and it is to be hoped that it will soon become an Act of Parliament.

During the year many systematic efforts have been made to detect the sale of diseased meat within the Borough, and I am glad to say that almost without exception our inspections have not called for any seizures.

STABLE MANURE.

In recent years there has been a constant decrease in the amount of stable manure in London owing to the displacement of horse by motor traffic. Nuisance from this source is therefore very much less than formerly, a fact which may also be due to the enforcement of the regulations requiring periodical removal.

HOUSES LET IN LODGINGS.

In the Borough of Stoke Newington, more especially in the Southern Division, there is a considerable number of houses let in

lodgings under circumstances and conditions which render it desirable, in the interest of public health, that they should be registered and inspected at frequent intervals.

By the end of the year 1912, 207 such premises were on the Register.

THE HOUSING AND TOWN PLANNING ACT, 1909.

During 1912 the houses in Spenser Road, Allen Road, Selsea Place, Watson Street, Philp Street, St. Thomas Place, Hornsey Place, and part of Nevill Road were inspected under the Act. The results of these inspections were reported to the Public Health and Housing Committee, and all the facts were duly entered in the Special Register kept. No action beyond the abatement of such nuisances as were discovered was necessary in respect to these dwellings; that is to say, as no house was considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, no representations had to be made to the local authority with a view to making Closing Orders, the general character of the defects found to exist being of a nature remediable under notices for the abatement of nuisances. No new houses were erected in the Borough during 1912.

FACTORIES AND WORKSHOPS.

At the end of the year 1912, 248 factories, workshops and workplaces were on the Register.

As the result of the inspection of the *workrooms and workplaces* in the Borough, it was found that for the most part they were in a satisfactory condition, and that the requirements of the Factory and Workshops Act of 1901 were duly observed. There were 3 cases of overcrowding to be dealt with, and there were 26

instances in which it was necessary to require cleansing. There were four occasions to require an increase in the water-closet accommodation, and 33 in which accommodation was unsuitable or defective. In 15 cases the Abstract of the Factory Acts was not affixed in the workrooms, and the Home Office was notified accordingly. There are altogether about 750 domestic workrooms in the Borough in which textile material of various kinds is being dealt with.

A complete list of all *out-workers* has been kept in the office; the information has often been obtained by calling at the work-shops, for some employers still fail to realise their duty to send in a list of out-workers twice a year, viz., in February and August, as the Act directs. All the premises occupied by out-workers were inspected during the year.

1—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
1	2	3	4
Factories (including Factory Laundries) ...	42	...	...
Workshops (including Workshop Laundries)	190	62	...
Workplaces ... ... (Other than Outworkers' premises included in Part 3 of this Report).	16	...	...
Total	248	62	Nil

2—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found	Remedied.	Referred to H.M. Inspector.	
1	2	3	4	5
*Nuisances under the Public Health Acts:—**				
Want of Cleanliness	26	26	...	...
Want of Ventilation	1	1	...	...
Overcrowding	3	3	...	...
Want of drainage of floors	1	1	...	...
Other nuisances	37	37	...	...
Sanitary accommodation (insufficient	4	4	...	...
Sanitary accommodation (unsuitable or defective	33	33	...	...
Sanitary accommodation (not separate for sexes	1	1	...	...
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	...	...	...	...
Other Offences ... ... (Excluding offences relating to outwork which are included in Part 3 of this Report)	...	...	...	...
Total	106	106	Nil	Nil

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshops Act as remediable under the Public Health Acts.

NATURE OF WORK.*	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists.	Prosecutions.							
	Sending twice in the year.			Sending once in the year.											
	Lists.†	Outworkers.†		Lists.	Outworkers.			Failing to keep or permit inspection of Lists.	Failing to send lists.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made S. (110).	Prosecutions (Sections 109, 110).
		Contractors	Workmen.		Contractors	Workmen.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Wearing Apparel—															
(1) making, &c.	45		338												
(2) cleaning and washing															
Household Linen							47								
Lace, lace curtains and nets															
Curtains and furniture hangings															
Furniture and Upholstery	2		8												
Electro-plate															
File making															
Brass and brass articles															
Fur pulling															
Cables and Chains															
Anchors and Grapnels															
Cart Gear															
Locks, Latches and Keys															
Umbrellas, &c.															
Artificial Flowers															
Nets, other than Wire Nets															
Tents															
Sacks															
Racquet and Tennis Balls															
Paper Bags and Boxes															
Brush making															
Pea Picking															
Feather sorting															
Carding, &c., of Buttons, &c.															
Stuffed Toys															
Basket making															
TOTAL	47		346				47								

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principle class ONLY, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the TOTAL number of the lists received from those employers who comply strictly with the statutory duty of sending TWO lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be EVEN numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated

4—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)		Number (2)
Important classes of workshops, such as workshop bakehouses, may be enumerated here	Miscellaneous	206
	Bakehouses	24
	Total number of workshops on Register	230

5—OTHER MATTERS.

Class. (1)		Number (2)
Matters notified to H.M. Inspector of Factories—		
Failure to affix Abstract of the Factory and Workshop Act (s 133)		15
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	Notified to H.M. Inspector	4
	Reports (of action taken) sent to H.M. Inspector	4
Other		Nil
Underground Bakehouses (s. 101)—		
Certificates granted during the year		Nil
In use at the end of the year		19

Miss Aldridge reports as follows :—

"The Outworkers' Register is an ever-changing one. Most of the outworkers on the Register at the beginning of last year have since removed. 317 additional workers whose homes were in this Borough were notified to us during last year, and these homes were all inspected. This home work is done, on the whole, under wholesome conditions, but the money paid for the work is sometimes so small that the workers are obliged to live and sleep and work in the same room, and often to work very long hours as well.

"*Workshops.*—These have all been inspected during the year, and are, on the whole, in a very satisfactory condition.

There is only one workshop used as a bedroom, and the hygienic condition of this was much improved last year. Only one outsider is employed.

"Amongst the laundries in Stoke Newington there are some hand laundries which are ordinary dwelling houses, and, consequently lacking in the accommodation necessary for carrying out laundry work under proper conditions.

"It is usual under these circumstances to find the irons heated and clothes dried in the ironing rooms, and despite all that we can effect in the way of remedy, the ironers work in a very hot, damp atmosphere."

PUBLIC HEALTH LEGISLATION DURING 1912.

The National Insurance Act passed through Parliament. Mr. Burns' Pure Milk Bill was read a first time, but afterwards withdrawn.

Several Regulations were issued by the Local Government Board :—

The Sale of Milk Regulations, prohibiting the addition of antiseptics to milk, and also to cream containing less than 35 per cent. of fat.

Regulations under the Rag Flock Act, 1911.

Regulations were issued by the Board of Agriculture and Fisheries (the Sale of Milk Regulations, 1912), which require skimmed milk to contain 8.7 per cent. of non-fatty solids.

THE NATIONAL INSURANCE ACT.

This Act makes certain provisions during sickness for men and women who are normally employed and who are, therefore, normally healthy. Its provisions will be helpful to many; but

it suffers from the inherent defects of any contributory system—it does not help the most necessitous. Many millions of (non-insured) persons do not come under the Act, except in so far as Sanatorium Benefit *may* be extended to those who are dependents of insured persons.

The income of the Local Insurance Committee is not likely to be sufficient to provide for the treatment in Sanatoria for the dependents of insured persons, and it may fail to provide other benefits which are contemplated by the Act (as, for instance, the medical treatment which the Committee are empowered to provide gratuitously for deposit contributors whose credit is exhausted). But if the Local Committee finds that its Funds do not permit of the discharge of its duties under the Act, it may apply to the Treasury and to the County or Borough Council for permission to incur extra expenditure, and if the Treasury and County Council approve of such expenditure they must each pay to the Local Insurance Committee one-half of the amount required. The Insurance Committees, which are independent of the Local Authorities, and which yet exercise duties overlapping or closely related to those of Local Authorities, constitute a newly created authority which may add some confusion in the work of the Public Health, Poor Law and Educational Authorities. As has been pointed out, the Consumptive child of an insured father is eligible for gratuitous treatment at the present time from five different and independent agencies, none of whom (except the Education and Health Authorities) may have information of what the others are doing, unless there is to be a close co-operation of the Committee with the various Local Authorities.

FOOD AND DRUGS.

Under the Sale of Food and Drugs Act, 156 samples of food and drugs were taken and analysed. The results are shown in Table IX.

14 of the samples purchased in the Borough in 1912 were not satisfactory; and, therefore, the percentage of non-genuine samples amounted to 9.0 per cent., a figure which is slightly above that of the preceding year, when it was 8.3 per cent. The figure for the whole country was 8.7 per cent. during the year 1911.

14.4 per cent. of the milk samples were unsatisfactory, as against 10.7 per cent. during the preceding year; but in some cases the deficiency below the legal limits was very slight. 30 per cent. of the milk samples were purchased on Sundays. The percentage of adulteration of milk for the whole country during 1911 was 11.9.

In London the percentage of Milk and Cream samples reported against was 11.2 during 1911, as compared with 9.9 in 1910. Part of this increase may be due to a more efficient administration of the Acts by Local Authorities.

It should, however, be added that many of the samples purchased are below the quality of the average milk supply of London, although they are a trifle above the low legal limits which have been fixed.

Many of the samples purchased under the Sale of Food and Drugs Acts have been obtained through the employment of a deputy, for the sanitary inspectors are well known to tradesmen and others.

All the samples of Milk, Butter, Cream, and Margarine were tested for antiseptics, with the result that 9 of the samples of Milk, 1 of Cream, and 2 of Margarine were found to contain them. In no case was the amount sufficient to warrant a prosecution, but in one or two instances the vendors were cautioned.

Salicylic acid to the extent of $8\frac{3}{4}$ and 7 grains to the pint were found respectively in samples of Lime-juice Cordial, and Ginger Wine. The makers were in each case communicated with and cautioned.

The objectional practice of adding preservatives to Milk is very much in evidence in the summer months; and of the 23 samples purchased in Stoke Newington during July, August, and September, 1912, eleven were found to have been so drugged.

In the Fortieth Annual Report of the Local Government Board, 1910-11, the following reference to this subject appears :— "We stated in our last Report that we considered that milk should at all times be entirely free from preservatives. This is in the interest of public health."

Last July I was informed of a young adult, 18 years of age, who had occasional attacks of Diarrhœa, Flatulent Dyspepsia, Headache, and General Malaise. The cause of this was quite obscure; his diet was simple and plain. There was a history of these attacks having recently followed each other at intervals of a week or so. I examined 3 samples of Milk supplied to the house, and found that 1 sample contained 5 grains to of the pint of boric acid, another 7 grains, and another 11 grains. These samples were taken at short intervals during July. The milk supply was changed to one in which no chemical antiseptics are employed, and I was informed in December that the individual had been almost free from the attacks since.

Such a case may well be one of many in which the symptoms, while possibly due to boric acid in food, are rarely, if ever, attributed to that cause. The individual is said to have a weak stomach or to be dyspeptic.

The 19 Butter samples taken throughout the year were found to be satisfactory. I have not succeeded, in the limited number of samples with which I have had to deal, in discovering

anything to take exception to. Since the use of coconut oil has extended in connection with the adulteration of butter, a careful test for this material has been made, but always with negative results. In addition to the employment of this oil in the making of Margarine it has been retailed as a substitute for lard.

In my last Report I referred to the practice of "informal sampling" which may be employed by Local Authorities to discover where adulteration is being practised without arousing the suspicions of the traders; so that where matters are not found to be satisfactory subsequent samples are obtained under the formalities of the Act with a view to the exposure and punishment of the offender. Several informal samples have been taken during the year, and it is hoped to increase this number in future years; as where the practice has been more extensively employed a good deal of concealed adulteration has been disclosed.

During the year the Milk samples furnished evidence of the very general practice of "toning down," a large proportion of the samples containing fat and non-fatty matter very near to the low legal limits.

One's experience as Public Analyst during the past 15 years has impressed the fact that the fraudulent Milk Vendor is not deterred from his fraudulent practices by the occasional imposition of a fine, which is almost invariably quite out of proportion to the offence. The Milk tradesman who by such persistent offences demonstrates his unfitness to carry on such a delicate and important business, should, in my opinion, be legally prevented from doing so; and not until some such strong measure is adopted will those who disgrace the Milk trade by robbing the public with impoverished Milk and endangering the public health by the sale of exceedingly dirty Milk be adequately dealt with, and the community protected.

I have before expressed the view that it would be a great gain to the community if the practice of adding artificial

colouring to Milk were made illegal. It is becoming more common year by year. It serves to cloak the watering of milk and the abstraction of fat. Indeed, by artificially colouring Milk it is possible to impoverish it in fat to an extent which is far below the legal standard and yet make the Milk appear a relatively rich sample, as compared with unadulterated Milk sold by a tradesman who does not add colouring material. The housewife should realise that a markedly yellow Milk, except perhaps in the early summer, raises the presumption of sophistication, for the large bulk of the Milk collected from the cow during the greater part of the year furnishes scarcely any evidence of yellow colour at all. So long as the average housewife is under the impression that the yellow colour is indicative of richness, the honest man who sells good Milk without thus faking it is seriously handicapped in his business, and is, therefore, driven in many cases to add a colouring agent.

The Milk and Cream Regulations of the Local Government Board came into operation on October 1st, 1912. They are designed to secure that no preservatives shall be added to Milk, or to Cream containing less than 35 per cent. by weight of fat. In the case of Cream containing over 35 per cent. of fat (*i.e.*, the clotted or potted variety which is distributed over the country) boric acid and borax, or hydrogen peroxide, may be added as preservatives, subject to a system of declaration. There is a prohibition of the addition of any thickening substance to Cream. Those authorities who administer the Sale of Foods and Drugs Acts are charged with the duty of administering these Regulations.

In Metropolitan London, as a whole, one sample was analysed for every 181 persons, being at the rate of 5.5 per 1,000 of the population. In Stoke Newington, one sample is taken for every 324 persons, being at the rate of 3 per 1,000 of the population.

TABLE IX.

ANALYSES PERFORMED UNDER THE SALE OF FOOD AND DRUGS ACTS DURING THE YEAR 1912.

No.	Sample Analysed.	Opinion Formed.	Action Taken.
1a	Cream (Informal) ...	12 grains per pound of boric acid	Nil.
*1	Milk	Genuine	,,
*2	Milk	,, ...	,,
*3	Milk	,, ...	,,
*4	Milk	,, ...	,,
*5	Milk	Faint deficiency in non-fatty solids	,,
*6	Butter	Genuine	,,
7	Camphorated Oil ...	,, ...	,,
8	Arrowroot	,, ...	,,
9	Tinned Apricot ...	,, ...	,,
10	Camphorated Oil ...	,, ...	,,
11	Coffee	,, ...	,,
12	Tinned Pineapple ...	,, ...	,,
13	Ale	,, ...	,,
14	Stout...	,, ...	,,
*15	Milk	,, ...	,,
*16	Milk	,, ...	,,
*17	Milk	Trace of boric acid	,,
*18	Milk	Genuine	,,
*19	Milk	Very poor sample ...	,,
20	Milk	Genuine	,,
21	Milk	,, ...	,,
22	Butter	,, ...	,,
23	Cheese	,, ...	,,
24	Chocolate	,, ...	,,
25	Chocolate	,, ...	,,
26	Ground Rice ...	,, ...	,,
27	Margarine	,, ...	,,
28	Milk	,, ...	,,
29	Milk	,, ...	,,
30	Milk	,, ...	,,
31	Milk	4% less than the legal limit for fat	Vendor cautioned.
32	Gin	Genuine	Nil.
33	Lard	,, ...	,,
34	Butter	,, ...	,,
35	Butter	,, ...	,,
36	Milk	3% of added water	,,
37	Margarine	Trace of boric acid	,,
38	Milk	Genuine	,,
39	Flour...	,, ...	,,
40	Gin	,, ...	,,
*41	Milk	Trace of boric acid	,,
*42	Milk	Genuine	,,
*43	Milk	,, ...	,,

* Sunday Samples.

TABLE IX.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
*44	Milk	1¾% of added water	Vendor cautioned.
*45	Milk	Genuine	Nil.
*46	Milk	Deficient in fat 3%, added water 4%	Vendor cautioned.
47	Butter	Genuine	Nil.
48	Spirits of Nitre ...	,, ...	,,
49	Milk	,, ...	,,
50	Spirits of Nitre ...	10% deficiency in Ethyl Nitrite	,,
51	Milk	5% deficiency in fat	Vendor cautioned.
52	Butter	Genuine	Nil
53	Milk	8% less than the legal limit for fat	Summons dismissed
54	Butter	Genuine	Nil.
55	Butter	,, ...	,,
56	Butter	,, ...	,,
57	Margarine	Boric acid 6 grains to pound	,, ,,
58	German Sausage ...	Genuine	,,
59	Milk	,, ...	,,
60	Milk	,, ...	,,
61	Milk	,, ...	,,
62	Milk	Slight deficiency in non-fatty solids	,,
63	Beef Sausage ...	Genuine	,,
64	Milk	,, ...	,,
65	Milk	,, ...	,,
66	Milk	,, ...	,,
67	Margarine (Unlabelled)		Defendant fined £3 and 12/6 costs.
68	Margarine (Unlabelled)		Defendant fined £1
69	Green Ginger Wine	,, ...	Nil.
70	Elder Wine ...	,, ...	,,
71	Orange Wine ...	,, ...	,,
72	Non-Alcoholic Wine	,, ...	,,
73	Lime Juice Cordial	Salicylic acid 8¾ grains per pint	Vendors cautioned.
74	Lime Juice	Genuine	Nil.
75	Milk	,, ...	,,
76	Milk	Boric acid 4 grains per pint	,,
77	Milk	Boric acid 4½ grains per pint	,,
78	Milk	Genuine	,,
79	Milk	Trace of boric acid	,,
80	Butter	Genuine	,,
81	Beef Sausage ...	,, ...	,,
*82	Milk	Trace of boric acid	,,
*83	Milk	Genuine	,,
*84	Milk	,, ...	,,
*85	Milk	Trace of boric acid	,,

*Sunday samples.

TABLE IX.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
*86	Milk	Genuine	Nil.
*87	Margarine (Unlabelled)		Defendant ordered to pay 23/- costs
88	Milk	,, ...	Nil.
89	Milk	,, ...	,,
90	Milk	,, ...	,,
91	Milk	,, ...	,,
92	Milk	,, ...	,,
93	Milk	,, ...	,,
94	Butter	,, ...	,,
95	Milk	,, ...	,,
96	Butter	Mixture of Butter and Margarine	Vendor cautioned.
97	Milk	Genuine	Nil.
98	Butter	Margarine	Defendant fined 12/6 and 12/6 costs
99	Milk	Genuine	Nil
100	Butter	,, ...	,,
101	Milk	Trace of boric acid	,,
102	Milk	Genuine	,,
103	Milk	,, ...	,,
104	Milk	,, ...	,,
105	Milk	2% of added water	,,
106	Milk	Genuine	,,
107	Milk	,, ...	,,
108	Milk	,, ...	,,
109	Milk	$2\frac{3}{4}$% less than legal limit for fat	Vendor cautioned
110	Milk	Genuine	Nil.
111	Milk	Trace of boric acid	,,
112	Milk	Genuine	,,
113	Milk	,, ...	,,
114	Milk	,, ...	,,
115	Milk	,, ...	,,
116	Milk	,, ...	,,
117	Plum Jam	,, ...	,,
118	Black Currant Jam	,, ...	,,
119	Spirit of Nitre ...	10% deficiency in ethyl nitrite	Vendor cautioned
120	Spirit of Nitre ...	Genuine	Nil.
121	Butter	,, ...	,,
122	Lard	,, ...	,,
123	Butter	,, ...	,,
124	Lard	,, ...	,,
125	Butter	,, ...	,,
126	Lard	,, ...	,,
127	Flour...	,, ...	,,

* Sunday samples.

TABLE IX.—*continued.*

No.	Sample Analysed.	Opinion Formed.	Action Taken.
128	Fine Oatmeal ...	Genuine	Nil.
129	Butter	"	"
130	White Pepper ...	"	"
131	Cocoa	"	"
132	Milk	"	"
133	Milk	"	"
134	Milk	"	"
135	Milk	13% less than legal limit for butter-fat	Defendant fined £1 and 12s. 6d. costs
136	Milk	Genuine	Nil.
137	Condensed Milk ...	"	"
138	Ginger Wine ...	Salicylic acid 7 grs. per pint	Vendors cautioned.
139	Ginger Wine ...	Genuine	Nil.
140	Malt Vinegar ...	"	"
141	Condensed Milk ...	"	"
142	Condensed Milk ...	"	"
143	Milk	"	"
144	Margarine	"	"
145	Lard	"	"
146	Lard	"	"
147	Milk	"	"
148	White Pepper ...	"	"
149	Mustard	"	"
150	Vinegar	"	"
151	Flour	"	"
152	Chocolate	"	"
153	Mixed Sweets ...	"	"
154	Butter	"	"
155	Margarine	"	"

* Sunday samples.

TABLE X.

Showing the results of Analysis of Samples taken under the Sale of Food and Drugs Acts, during the years 1910-11 in England and Wales:—

	Percentage Adulterated.	
	1910.	1911.
Milk	11·1	11·9
Butter	5·1	5 1
Cheese	3·1	1·5
Margarine	3.2	2·8
Lard	1·8	0·5
Bread	0·0	0·2
Flour	1·1	3·7
Tea	1·4	0·0
Coffee	5·1	5·7
Cocoa	14·0	5·9
Sugar	3·3	4·0
Mustard	2·6	2·1
Confectionery and Jam	4.7	3·0
Pepper	0·5	0·7
Wine	5·3	4·5
Beer	3·0	5·5
Spirits	10·3	10·4
Drugs	6·8	8·5
Other Articles	9·0	9·5
All Articles	8·2	8·7

REPORT OF CHIEF SANITARY INSPECTOR FOR THE YEAR 1912.

To the Mayor, Aldermen, and Councillors of the Metropolitan Borough of Stoke Newington.

GENTLEMEN,—

I beg to present my Annual Report for the year ending December 31, 1912 :—

HOUSES AND PREMISES INSPECTED.

By house-to-house inspection	561
Upon complaint, under Sec. 107 (3), Public Health Act, 1891	198
After notification of infectious disease	343
After Notices from builders, under By-law 14 (London County Council)	145
Stables and mews	301
Slaughter houses	9
Milkshops, dairies, and cowsheds	69
Bakehouses	40
Factories and workshops	1,021
Other premises inspected	1,494
	4,181
Re-inspections made to examine and test work	3,474
Total inspections	7,655

INTIMATION NOTICES SERVED.

(Sec. 3, Public Health Act, 1891.)

After house-to-house inspection	258
After inspection on account of complaint	145
After infectious illness	47
With reference to stables and mews	4
,, ,, milkshops, dairies, and cowsheds	—
,, ,, bakehouses	12
,, ,, factories and workshops	62
,, ,, slaughter houses	—
After sundry other inspections	293
	821

STATUTORY NOTICES.

Nineteen statutory notices, authorised by your Committee, were served under Sec. 4, Public Health (London) Act, 1891. Fourteen of the notices were complied with in the time specified; the other five were reported to your Committee, who directed that the defaulters be prosecuted.

PROSECUTIONS ORDERED BY SANITARY AUTHORITY UNDER THE PUBLIC HEALTH (LONDON) ACT, 1891, AND BYE-LAWS OF THE LONDON COUNTY COUNCIL

No. in Report Book	Situation of Premises	Nature of Offence	Result of Proceedings
11509	85, Blackstock Road	Defective Drains.	Work done previous to issue of Summons.
11748	17, Paget Road	Do.	Do.
11873	18, Queen Elizabeths Walk	Do.	Case adjourned 4 weeks to enable defendant to complete the work which was commenced before hearing. Work completed.
12136	Stables adjoining 2, Woodberry Grove	Absence of manure receptacle as required by L.C.C. by-laws.	Receptacle provided previous to issue of Summons.
12191	1, Hayling Road	Dampness in flank wall.	Order made for work to be done to abate nuisance within 4 weeks. Costs 4s.

NUISANCES ABATED AND SANITARY DEFECTS REMEDIED.

Dirty premises, cleansed and whitewashed	143
Dampness in dwellings remedied	110
Dilapidated ceilings, stairs, etc., repaired	51
Bell-traps and small dip-traps removed and replaced by stoneware gulleys	2
Carried forward.....	306

Brought forward	306
Foul traps and pans of w.c.'s cleansed or new ones substituted	31
Public-house urinals cleansed (after intimation)	2
Flushing cisterns to w.c.'s provided or repaired, and w.c.'s with insufficient water supply made satisfactory	61
Defective w.c. basins and traps removed and replaced by approved patterns	92
Stopped or choked w.c. traps cleared	10
External ventilation to w.c.'s improved	5
W.c's removed to more sanitary positions	4
Separate flushing cisterns fixed to w.c.'s which were previously flushed directly from dietary cistern	1
Additional w.c.'s provided in case of insufficient w.c. accommodation	17
Defective soil-pipes reconstructed	31
Soil-pipes improperly ventilated, improved	
Unventilated soil-pipes ventilated	38
Dirty yards cleansed	10
Yards paved or re-paved with impervious material	49
Yards drained	4
Gully and other traps inside houses removed	3
Sink waste-pipes directly connected to drain, made to discharge in open-air over proper syphon gullies	—
Long lengths of sink, bath, and lavatory waste-pipes trapped, and made to discharge in open-air over gullies	19
Defective waste-pipes repaired	7
Foul water-cistern cleansed	
Water-cisterns without close-fitting covers provided with proper coverings	40
Defects in water-cisterns remedied	9
Cisterns removed to more sanitary position	2
New portable dust-bins provided	221
Defective drainage re-constructed in accordance with by-laws of London County Council	134
Choked or stopped drains cleared and repaired	151
Carried forward	1,247

Brought forward.....	1,247
Drains ventilated or defective ventilating pipes renewed ...	5
Rain water pipes disconnected from drains or soil-pipes and made to discharge over gully-traps	12
Proper water-supply provided to houses	30
Defective roofs repaired	66
Defective guttering and rain water pipes repaired or renewed	61
Defective paving to floors of wash-houses repaired or renewed	15
Dirty walls of work-rooms cleansed	9
Proper manure receptacles provided (London County Council by-laws)	6
Cases of over-crowding abated	10
Accumulations of refuse, etc., removed	11
Areas re-paved and drained	1
Insufficiently ventilated space under wooden floors, remedied by insertion in outer walls of proper air bricks	10
Underground dwellings improved.....	7
Nuisances from animals abated	4
Smoke nuisance abated	3
Total number of nuisances abated.....	1,497

It is impossible to tabulate the many improvements which are made by owners on the advice of the inspectors. The above list only showing the nuisances noted on intimation or statutory notices.

SLAUGHTER-HOUSES.

The four Licensed Slaughter-houses at present in use in the Borough, viz. :—118, Church Street; 165, High Street; 70, Mountgrove Road; 55, Neville Road, were inspected several times during the year. In one instance the paving of the Slaughterhouse was repaired on the advice of the inspector, otherwise the results of the inspections were satisfactory.

COMMON LODGING-HOUSES.

The one Common Lodging-house in the Borough, situate at No. 81, Church Street, is under the control of the London County Council, and is conducted in accordance with the by-laws.

BAKEHOUSES.

There are 25 bakehouses in use in the Borough. Forty inspections were made. Twelve intimation notices were served for lime-whiting and cleansing.

DAIRIES, COWSHEDS, AND MILKSHOPS.

69 visits were paid to the Milkshops and Cowsheds.

There are 55 Milk Vendors registered in the Borough and one Licensed Cowkeeper.

COMPLAINTS.

Sec. 107 (3) *Public Health Act*, 1891.

198 complaints were received during the year, relating to 215 premises.

In 43 cases, on inspection of the premises to which the complaint related, no nuisance which could be dealt with under the Public Health Acts was found. 145 intimation notices were served, and a number of improvements were carried out on advice to the occupiers at the time of inspection.

STABLES AND MEWS.

301 inspections were made of the Stables and Mews in the Borough.

Only 4 intimation notices were served on occupiers to remove accumulations, and 1 notice to provide a proper receptacle for manure. These notices were promptly complied with. Most of the inspections were made during the summer months.

HOUSES LET IN LODGINGS.

There were 207 premises on the Register at the end of the year. The Register has been revised, and all the premises inspected; the houses in the Borough which are let in lodgings are generally clean and well ventilated.

SALE OF FOODS AND DRUGS ACTS, 1875-1901.

156 Samples of Food and Drugs were submitted to the Public Analyst during the year. A table will be found on page showing the result of proceedings taken in respect of adulterated samples.

BUTTER AND MARGARINE ACT, 1907.

Two firms in the Borough are registered under the above Acts as Wholesale Dealers in Margarine or Butter-substitutes.

HOUSE-TO-HOUSE INSPECTION AND INSPECTIONS UNDER THE HOUSING AND TOWN PLANNING, ACT, 1909.

By instruction of your Committee the houses and premises in the following Roads and Streets were inspected under the Housing and Town Planning, etc., Act, 1909 :—

Spenser Road, Allen Road, Selsea Place and Leonard's Place. Full particulars of the inspections made have been duly entered in the Special Register.

The nuisances discovered were remedied by the owners on the service of an Intimation Notice, and nothing was found to warrant a representation being made to you that any of the premises were unfit for habitation.

In addition to the above, house-to-house inspections were made in :—

Carysfort Road.
Paget Road.
Cressington Road.
Hayling Road.
Millard Road.
Selsea Place.
Boleyn Road.
Pellerin Road.
Bethune Road.
Church Street.

Hewling Street.
Stoke Newington Road.
Watson Street.
Park Lane.
Wordsworth Road.
Oldfield Road.
Summerhouse Road.
Queen Elizabeth's Walk.
Rochester Place.
Howard Road.
Hamilton Place.
Nevill Road (Tenements).
Victoria Grove West.

It will be seen that several of the Streets which were dealt with last year under the Housing and Town Planning, etc., Act are included in the above list, as it is found necessary to make, at least, one annual inspection of this class of property. In all, 561 inspections were made and 258 Notices were served. In a number of houses it is found necessary to serve two Notices, one on the owner for defects in sanitary fittings, etc., and one on the occupier for dirty cisterns, yards, w.c., basins, etc., or for keeping animals under such conditions as to be a nuisance. Therefore, the proportion of Notices served to the number of houses inspected cannot be taken as an indication of the proportion of insanitary houses found.

BUTCHERS', GREENGROCERS', AND FISHMONGERS' SHOPS, STALLS, Etc.

The following is a list of articles of food seized or surrendered during the year :—

Tinned Food.	No. of Tins.	cwts.	qrs.	lbs.
Beef	111	5	3	20
Mutton	19	1	0	2
Milk	268	2	1	16
Salmon	269	2	1	17
Apricot Pulp	17	1	2	19
	684			

Other Articles :—			
Mutton			3
Fish (Mixed)	3	3	0
Bacon	1	2	0
Apples	1	0	6
Tomatoes			3
Cwt.	19	3	4

Eggs, 30,000.

438 inspections were made during the year of premises where food is sold or prepared for sale in the Borough, the food and materials being thoroughly examined. The times of these inspections were varied as much as possible. The wares of a large number of itinerant vendors were also examined, with satisfactory results.

SMOKE ABATEMENT.

Numerous observations have been made of the factory and bakehouse chimneys in the Borough during the year.

Nine complaints were received of black smoke being emitted from chimney shafts, but upon observation being taken sufficient evidence could not be produced to recommend your Committee to take proceedings against the offenders. Cautionary Letters were writen to several of the owners of chimneys complained of, and visits were paid to the premises from time to time to ascertain the quality of fuel and method of stoking.

ICE CREAM MANUFACTURERS AND VENDORS.

The premises of all ice-cream manufacturers in the Borough were visited from time to time during the summer months, as also were the barrows and utensils of itinerant vendors. In every instance the manufacture and sale of the substance is found to be carried on under satisfactory conditions.

RESTAURANT KITCHENS AND EATING HOUSES.

There are 28 of these premises in the Borough. The results of the inspections, both of the food and the kitchens, have been satisfactory. Inspections have been made at various times in order to see the food in different stages of preparation.

FACTORIES AND WORKSHOPS.

The Register of Factories and Workshops has been maintained. There are at present 248 Factories, Workshops, and Workplaces in the Borough. These have all been inspected during the year. In addition 773 homes of outworkers have been inspected.

It was found necessary to serve 62 Intimation and Statutory Notices, principally for cleansing and unsuitable or defective W.C. accommodation. In every case the nuisances were abated.

Of the outworkers notified from firms whose places of business are in Stoke Newington—

150	reside	in	Stoke Newington.
66	,,	,,	Hackney.
4	,,	,,	Hornsey.
50	,,	,,	Islington.
41	,,	,,	Tottenham.
14	,,	,,	Stepney.
1	,,	,,	Edmonton.
6	,,	,,	Shoreditch.
2	,,	,,	Ilford.
1	,,	,,	Wood Green.
6	,,	,,	Walthamstow.
2	,,	,,	Leyton.
1	,,	,,	Willesden.
1	,,	,,	West Ham.
1	,,	,,	Bethnal Green.
Total 346			

Notifications were received from Medical Officers of Health of persons residing in Stoke Newington but who work for firms in other Districts, as follows :—

Bethnal Green	4
Camberwell	1
Chelsea	2
City of London	285
Finsbury	111
Hackney	143
Hornsey	2
Ilford	1
Islington	134
Kensington	7
Paddington	3
Shoreditch	31
Southwark	2
Leicester	1
St. Marylebone	9
Stepney	3
St. Pancras	1
Westminster	7
Total	747

Outworkers' addresses received in error from other Boroughs, &c., and forwarded to the proper destination :—

62	forwarded to Hackney.
3	,, ,, Islington.
22	,, ,, Tottenham.
Total 87	

NOTIFICATION OF INFECTIOUS DISEASE.

343 cases were notified during the year, and in every instance an inspection of the infected premises was made; 47 intimation notices were served for insanitary conditions found.

All the houses where the cases of infectious illness occurred have been disinfected; 176 by the Department, and the remainder under the supervision of the Medical Practitioner attending the case. The bedding, clothing, etc., were removed, steam disinfected, and returned in 174 instances. 148 patients were removed to Hospital.

It was found necessary to strip and cleanse 16 rooms after removal or recovery of patients.

91 books which had been borrowed from the Public Library were collected from infected houses, disinfected, and returned to the Public Library.

DRAINAGE PLANS AND APPLICATIONS.

Forty-eight drainage plans and applications relating to the drainage of 62 premises were approved by your Committee.

URINALS IN CONNECTION WITH LICENSED PREMISES.

There are 26 of these conveniences in the Borough, 15 of which are flushed and cleansed by the Borough Council's men. Frequent inspections were made, and generally they were found to be in a satisfactory condition.

TABLE OF PROSECUTIONS UNDER THE SALE OF FOOD AND DRUGS AND MARGARINE ACTS.

No. of Sample	Article Purchased.	Result of Analysis.	Result of Proceedings.
53	Milk	8 % less than legal limit for fat	Summons dismissed on a point of legal technicality
67	Margarine (unlabelled)	Margarine	Defendant fined £3 and 12s. 6d. costs.
68	Margarine (unlabelled)	Margarine	Defendant fined £1
87	Margarine (unlabelled)	Margarine	Defendant ordered to pay 23s. costs
98	Butter	Margarine	Defendant fined 12s. 6d. and 12s. 6d. costs.
135	Milk	13 % less than legal limit for butter-fat	Defendant fined £1 and 12s. 6d. costs.

By your direction, 8 vendors of poor samples of food taken under the above Acts have been cautioned by the Medical Officer of Health, and further samples taken from them have given satisfactory results.

I am, Gentlemen,

Your obedient Servant,

D. W. MATTHEWS.

APPENDIX.

The following revised handbill was issued during the year :—

METROPOLITAN BOROUGH OF STOKE NEWINGTON.
TOWN HALL, MILTON ROAD, N.

THE PREVENTION OF INFANTILE DIARRHŒA.

This dangerous disease occurs chiefly during the summer months. It may in a great measure be avoided by the exercise of common care, and the heavy *mortality* from the complaint in the summer months may thus be reduced.

The cleanliness of the home and its surroundings, a wholesome and judicious diet, and the careful protection of food from dirt, dust and flies, are the best possible safeguards against the complaint. The germs of the disease mainly enter the system through contaminated food; it is most important, therefore, to secure the utmost possible cleanliness of food, especially during July, August and September.

All parts of a house should be freely ventilated and kept as clean as possible by washing and damp dusting. No decomposing refuse should be allowed to remain in or about the house. It should be promptly burnt in the kitchen fire, so far as possible; the remainder being placed in a dust-bin, kept covered by a closely fitting lid. Generally a small amount of offensive matter remains behind after the contents of the dustbin have been emptied into the dust cart; this may be largely prevented by always spreading a piece of paper over the bottom of the dustbin when empty. All private yards should be flushed with water two or three times

weekly in dry weather. All water-closets with defective flush and obstructions to the drainage, which cannot be dealt with by the tenant, should be reported at once at the Town Hall.

Only *perfectly fresh food* of any kind should be eaten, and unripe or over-ripe fruit should be rigorously avoided. *All utensils into which any food is placed must be kept thoroughly clean.*

It is most important to *store food in a cool, clean, and well-ventilated compartment,* and away from any position where impure air, dust and flies are likely to gain access. A piece of muslin placed over food, and a piece of fine wire gauze nailed over the larder window serve to protect food from flies.

All milk to be given to infants should be kept covered over prior to use. It is desirable to *well boil the milk,* and to use no raw milk, during the summer months. Pasteurised and sterilised milk is safer than raw milk, and can now be obtained as cheaply.

A qualified medical man should be at once called in to every case of severe diarrhœa in an infant.

As diarrhœal sickness and much of the mortality therefrom is due to the improper feeding of infants under one year of age, the general rules which are advocated by the highest medical authorities should be known and practised by all. These may be obtained on application at the Town Hall, Milton Road.

HENRY KENWOCD, M B., L.R.C.P., D.P.H.,
Medical Officer of Health.

STOKE NEWINGTON BOROUGH COUNCIL.

PUBLIC HEALTH DEPARTMENT.

ADVICE TO THE MOTHER.

The health of your baby depends on your own, so during pregnancy keep yourself in good health.

Eat good and wholesome food at regular meals only.

Do not take spirits, beer, stout, or much tea; but rather milk or cocoa.

See that your bowels act every day.

When possible take exercise in the open air every day, and keep your window open night and day.

1. *Feed your baby regularly by the clock, and not by guess-work or whenever it cries.* Babies get indigestion, feel uncomfortable, and cry if they are not fed at regular times.

2. *Never give your baby a dummy teat.* It is simply a bad habit, and dirty and dangerous.

3. As babies sometimes cry because they are thirsty, sips of water which has been boiled and cooled may be given.

Breast Feeding.—Mother's milk is the best and cheapest food for infants.

1. Get your baby into good and regular habits of feeding. Babies form bad habits just as easily as grown-up people.

2. Keep the child at the breast about ¼-hour at each feed.

3. Do not feed more often than every two hours during the day and once at night. Never let the baby feed too fast.

The time between feeds should be gradually increased until, by the beginning of the third month, the breast is given every three hours, and at the age of six months five times in the day and not at all at night.

The best times are 6 a.m., 10 a.m., 2 p.m., 6 p.m., and at 10 p.m. In this way the mother gets a rest at night and so does the baby's stomach.

Weaning.—Keep the baby on the breast for nine months, if possible. Never wean during July, August or September, if you can help it. Wean slowly, giving first one bottle a day and then gradually increasing the number. Crusts of bread with butter or dripping and a lightly boiled egg may now be added.

If you think baby is not thriving on the breast do not give up breast feeding without asking a doctor.

Rules for Daily Use.—Let the baby sleep in its own cot and lie in it during the day. A banana crate, box, basket, or drawer serves equally well. If the baby cries see if the napkin wants changing or if the baby is cold and not properly covered up. If the baby has wind after feeding hold it up until the wind has passed, and then let it sleep quietly on its back. Wake the baby up at the proper time for feeding. It will go to sleep again afterwards.

Clothing.—Give the baby a warm woollen vest with long sleeves,* a soft knitted or flannel binder, a long flannel nightdress, and an outer dress. Do not use a tight or stiff binder. Never use flannelette.

"Shorten" at 2-3 months old. Keep to the vest, flannel binder, and one flannel petticoat and dress, but now put on warm stockings instead of socks.

Bath the baby once a day, and wash it once a day as well, using very little soap. Dry thoroughly, especially in ears and all folds of skin.

Undress and dress the baby quickly so that it does not catch cold. Babies must always be kept warm.

The windows of the bedroom and living room, except at bath time, should always be kept open at the top, as wide as the weather will allow. The baby should be kept out of doors in the daytime as much as possible, and may sleep out of doors in mild weather in a sheltered place.

Do not give soothing syrups, teething powders, or purges without the doctor's orders.

Babies should be weighed regularly.

If a baby cries often,
does not increase in weight,
does not sleep,
is frequently sick,
is constipated,
has diarrhœa,
snuffles,
has cold feet,
has a discharge from the eyes,
or has a rash on the body or under the napkin,
it is not well, and should be seen by the doctor.

Babies may be weighed at the Town Hall, Milton Road, on Mondays and Thursdays, at 3 p.m.

---

*Some of these may be obtained, at cost price, at the Town Hall, on Monday and Thursday afternoons.

STOKE NEWINGTON BOROUGH COUNCIL.

PUBLIC HEALTH DEPARTMENT.

ADVICE TO MOTHERS UNABLE TO SUCKLE THEIR BABIES.

1. *Feed your baby regularly, by the clock, and not by guess-work or whenever it cries.* Babies get indigestion, feel uncomfortable, and cry if they are not fed at regular times.

2. *Never give your baby a dummy teat.* It is simply a bad habit, and dirty and dangerous.

3. As babies sometimes cry because they are thirsty, sips of water which has been boiled and cooled may be given.

BOTTLE FEEDING.

Bottle Feeding.—Give only milk until the baby is about nine months old. Do not give condensed milk or any other infant food unless ordered by the doctor.

NEVER GIVE SEPARATED OR SKIMMED MILK TO A BABY.

Milk.—Get good milk fresh twice a day. Boil it at once, pour it into a *clean* jug, cover with a *clean* cloth, and stand the jug in cold water. In hot weather the water should be changed so as to be as cool and fresh from the tap as possible.

Bottle.—Bottles with long tubes should *never* be used. Wash the bottle and teat thoroughly in hot water after each feed, and keep them in clean cold water until the next feed. When washing the teat turn it inside out and hold it under the tap.

Feeding.—Measure the milk carefully. Give the same amount at each feed, not more one time than another. If the child does not finish the feed, what is left should not be given again to the baby. Give the milk warm.

From birth to three weeks old.—Never feed more often than every two hours in the daytime, and once at night.

At first the baby does not want more than one tablespoonful of milk and two tablespoonfuls of water. By the time it is three weeks old it may be having 1 to 1½ tablespoonfuls of milk and 2 of water.

From three weeks to three months old.—Gradually increase the quantity at each feed up to 3 or 4 tablespoonfuls of milk and 3 of water.

From three months to six months old.—By the time the baby is six months old it should take 6 to 7 tablespoonfuls of milk and 2 of water at each feed. Do not feed more often than every four hours, and not at all at night.

From six to nine months old.—Gradually decrease the water until the baby is taking 8 to 10 tablespoonfuls of milk and no water until the baby is taking 8 to 10 tablespoonfuls of milk and no water at each feed. A little orange juice or stewed apple may now be given.

From ¼ to ½ tablespoonful of cream should be added to each feed, and the same amount of white sugar. About ½ teaspoonful of olive or cod liver oil should be given twice a day if no cream is put into the bottle.

From nine to twelve months old.—Continue to give milk, but crusts of bread with butter or dripping, and a lightly boiled egg, may be added.

NOTE.—These directions are not intended to apply to those babies who are ordered a special diet by a doctor.

Rules for Daily Use.—Let the baby sleep in its own cot and lie in it during the day. A banana crate, box, basket, or drawer serves equally well. If the child cries see if the napkin wants changing or if the baby is cold and not properly covered up. If the baby has wind after feeding hold it up until the wind has been passed, and then let it sleep quietly on its back. Wake the baby up at the proper time for feeding. It will go to sleep again afterwards.

Clothing.—Give the baby a warm woollen vest* with long sleeves, a soft knitted or flannel binder, a long flannel nightdress, and an outer dress. Do not use a tight or stiff binder. Never use flannelette.

"Shorten" at 2-3 months old. Keep to the vest, flannel binder, and one flannel petticoat and dress, but now put on warm stockings instead of socks.

Bath the baby once a day, and wash it once a day as well, using very little soap. Dry thoroughly, especially in ears and all folds of skin.

Undress and dress the baby quickly so that it does not catch cold. Babies must always be kept warm.

The windows of the bedroom and living room, except at bath time, should always be kept open at the top, as wide as the weather will allow. The baby should be kept out of doors in the daytime as much as possible, and may sleep out of doors in mild weather in a sheltered place.

Do not give soothing syrups, teething powders or purges without the doctor's orders.

Babies should be weighed regularly.

If a baby cries often,
does not increase in weight,
does not sleep,
is frequently sick,
is constipated,
has diarrhœa,
snuffles,
has cold feet,
has a discharge from the eyes,
or has a rash on the body or under the napkin,
it is not well and should be seen by the doctor.

Babies may be weighed at the Town Hall, Milton Road, on Mondays and Thursdays, at 3 p.m.

* Some of these may be obtained, at cost price, at the Town Hall, on Monday and Thursday afternoons.

A LIST OF THE STREETS SITUATED IN THE BOROUGH OF STOKE NEWINGTON.

(For the Guidance of Medical Practitioners, Midwives, &c.)

ADEN Grove
Aden Terrace
Adolphus Road
Allen Road
Allerton Road
Albion Road
„ Grove
Alexandra Road
Alexandra Buildings
Amhurst Park (90-100 even Nos. and 93)
Arthur Road
Ayrsome Road
Aldham Place

BARN Street
Barrett's Grove
Bethune Road (1 to 145)
„ „ (2 to 106)
Blackstock Road (5 to 175)
Bouverie Road
Boleyn Road (94 to 192)
Brighton Road
Brodia Road
Broughton Road
Brownswood Park, Green Lanes
„ Road
Burma Road

CASTLE Street
(1 to 30) N. Side
Carysfort Road
Chalmers Terrace
Chapel Place
Chesholm Road
Church Path
„ Road
„ Street
Clonbrock Road
Clissold Road
Coronation Avenue
Cowper Road
Cressington Road

DEFOE Road
Digby Road
Dumont Road
Dynevor Road

EADE Road (2 to 66) and 1 to 27 odd Nos.
Edward's Lane

FAIRHOLT Road
Finsbury Park Road
Fleetwood Street

GAINSBORO Road
Gloucester Road
Goldsmith Square
Gordon Road
Grange Court Road
Grazebrook Road
Grayling Road
Green Lanes
„ „ (from 2 to 388)
„ „ („ 45 „ 107)
„ „ (271 to 327)
Grove Lodge Yard

HAMILTON Place
Harcombe Road
Hawksley Road
Hayling Road
Heathland Road
Henry Road
Hermitage Road 1 to 25a, 2 to 14
Hewling Street
High Street (17-217)
Hornsey Place
Howard Road

IMPERIAL Avenue

KERSLEY Road
King's Road
Knebworth Road
Kynaston Road
" Avenue

LANCELL Street
Laver's Road
Lavell Street
Leconfield Road (1-33)
Leonard Place
Lidfield Road
Lillian Street
Listria Park
Londesborough Road
Lordship Road
" Grove
" Park
" Terrace
Lordship Park Mews

MANOR Road
Martaban Road
Marton Road
Mason's Court
" Place
Matthias Road (2-122)
Millard Road
Milton Road
Mountgrove Road (2-98)

NEVILL Road
Newington Green (33-42)

OLDFIELD Road
Osterley Road

PAGET Road
Painsthorpe Road
Palatine Road
Paradise Row
Park Crescent
" Lane
" " Terrace
" Street
Pellerin Road
Petherton Road (106-138)
Portland Road
Prince George Road
Princess Road
" May Road

QUEEN Elizabeth's Walk
Queens Road

REEDHOLM Villas
Rochester Place
Riversdale Road (92-104)

SANDBROOK Road
Salcombe Road
Seven Sisters Road:—From Blackstock Road to Amhurst Park
Shakespeare Road
Shelgrove Road
Shipway Terrace
Somerfield Road
Spenser Road
Springdale Road
St. Kilda's Road
St. Andrew's Road
" Mews
" Pavement, S. Side
Selsea Place
Stamford Hill (1-39)
Stoke Newington Road (1-135)
Statham Grove
Summerhouse Road

TRUMAN'S Road

VICTORIA Grove
Victoria Grove West
Victoria Road

WALFORD Road
Warwickshire Road
Watson Street
White Hart Court
Wiesbaden Road
Wilberforce Road
Winston Road
Wordsworth Road
Woodland Road
Woodlea Road
Woodberry Down
" Grove